

Name
in
Full

Harry Clayton Barnhart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Big ^{Town} Pool		County ^{Wash}		MARYLAND	
Date of death 1906	Month 7	Day 10	Age —	Months 3	Days 23
Sex male	Color or Race white		Birth-place Md.		
Occupation —			Where Residing if not at place of death Hagerstown Md.		
Married, Single or Widowed single		Name of Wife or Husband —			
Father's Name Harry C. Barnhart		Father's Birthplace Md.			
Mother's Maiden Name Rhoda Diefenderfer		Mother's Birthplace "			
Name of person giving information H. C. Barnhart		How related to deceased father.			

CAUSES OF DEATH

Primary Cholera Infantum	How long 48 hours
Immediate Exhaustion	How long " "

Are the name, age, sex, color, date and place correctly given above?

ye

Signature of Physician

Address

V. L. D. Miller, Jr.
Hagerstown Md.

Accident or Suicide?

no

Sitte



Name
in
Full

Mary Catherine Barnhart

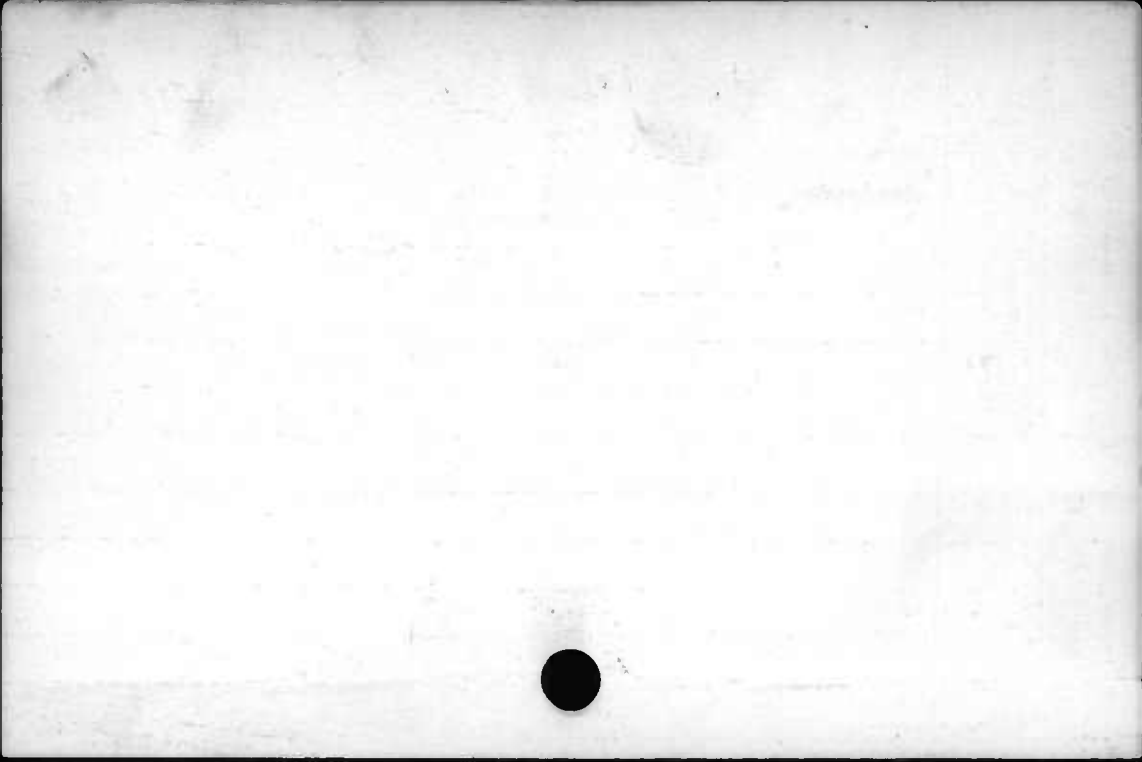
CERTIFICATE OF DEATH

Died at		Town Shady Grove		County Frederick		State MD MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death	1906	July	12				1/2
Sex	female		Color or Race	white		Birth-place	Shady Grove
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			J. H. Barnhart		Father's Birthplace		
					Maryland		
Mother's Maiden Name			Ruby Fraizer		Mother's Birthplace		
					Penn		
Name of person giving information			George S. Barnhart		How related to deceased		
					Daughter		

CAUSES OF DEATH

Primary	Premature Birth		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Jos. L. Drummly
		Address	Shady Grove Pa
			A. R. Newbaker later under
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Carl Leander Bruner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Hagerstown		Washington		MARYLAND	
Date of death	1906	Month	7	Day	12	Years	1
Sex		male		Color or Race		white	
Occupation		child		Birth-place		Md.	
Where Residing If not at place of death		—					
Married, Single or Widowed		single		Name of Wife or Husband		X X	
Father's Name		J. Spencer Bruner		Father's Birthplace		Md.	
Mother's Maiden Name		May Caruss		Mother's Birthplace		"	
Name of person giving information		J. G. Bruner		How related to deceased		father.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	11 days
Immediate	Exhaustion	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		V. E. Miller Jr.	
Address		Hagerstown Md.	
Accident or Suicide?		No	

Thermocaut

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Viola A Bennette</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at		Month <i>7</i>		Day <i>31</i>		Years <i>1</i>	
Date of death <i>1906</i>		Months <i>—</i>		Days <i>3</i>			
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>md</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Archie Glickerson</i>		Father's Birthplace <i>Na</i>					
Mother's Maiden Name <i>Maggie Robinson</i>		Mother's Birthplace <i>Na</i>					
Name of person giving information <i>Maggie Bennette</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Stroke</i>	How long	<i>3 mos</i>
Immediate	<i>Heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. S. Coffman</i>	
		Address <i>Hagerstown md</i>	
		<i>Undertaker</i>	
Accident or Suicide?			

Halfway

Name
In
Full

Miria M. Bloom

CERTIFICATE OF DEATH

Died at		Town Fairplay		County Washington		MARYLAND	
Date of death		1906	Month 7	Day 13	Age Years 35	Months 2	Days 4
Sex Female		Color or Race White		Birth- place Tilghmanston			
Occupation School Teacher		Where Residing if not at place of death —					
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name —		Father's Birthplace —					
Mother's Maiden Name Maria Bloom		Mother's Birthplace Frankstown					
Name of person giving In formation Mrs. Reichard		How related to deceased In relation					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Uraemia	How long	14 hours
	Immediate	Pulmonary oedema respiratory failure	How long	2 hours
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician U. M. Reichard	
			Address Fairplay	
Accident or Suicide?				



Name
In
Full

Sarah J. Boward

CERTIFICATE OF DEATH

Died at ^{Town} Hagerstown ^{County} Washington MARYLAND

Date of death 1904 7 31 Age 64 Months 2 Days 23

Sex Female Color or Race White Birth-place Md

Occupation Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband Edward Boward

Father's Name Andrew Levon Father's Birthplace Md

Mother's Maiden Name don't know Mother's Birthplace

Name of person giving information Harmon Boward How related to deceased Son

CAUSES OF DEATH

Primary Fatty Degeneration of Myocardium How long 2 years (2)

Immediate Cardiac Failure How long 2 mos.

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician E. M. Wyman

Address Hagerstown, Md

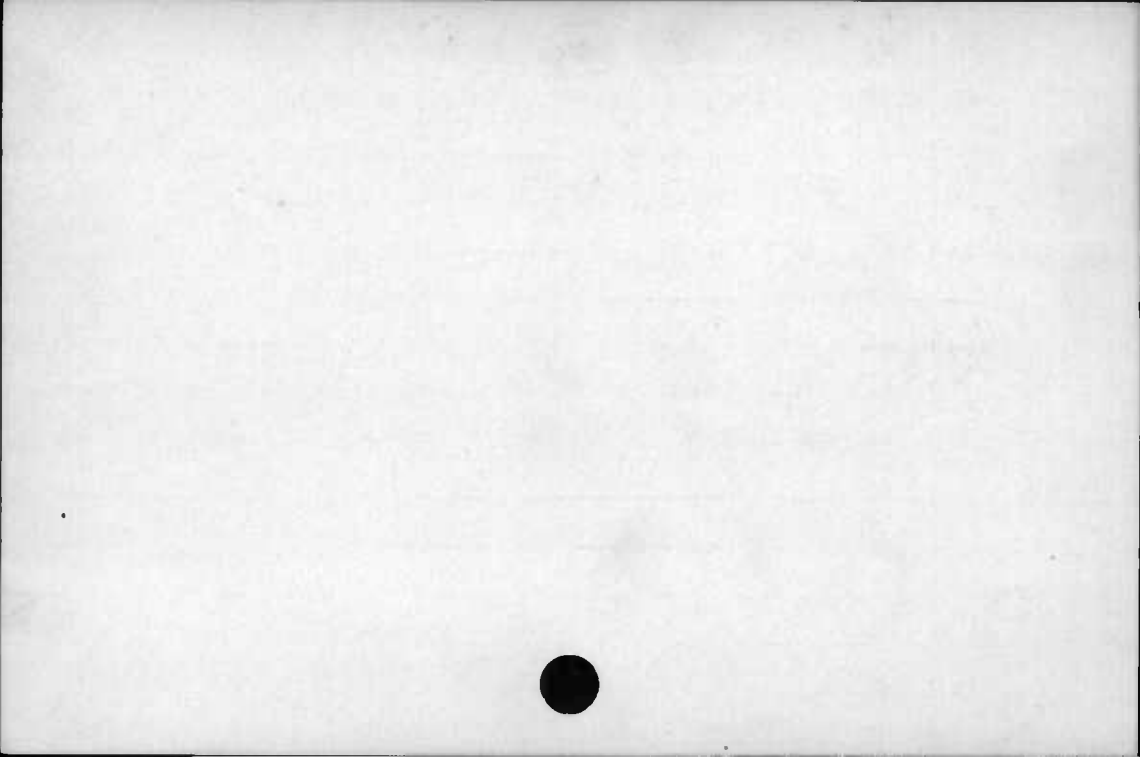
Accident or Suicide? no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Name in Full		Town		County		CERTIFICATE OF DEATH	
Died at		Hagerstown		wash		MARYLAND	
Date of death		1906	Month 7	Day 28	Age	Years	Months Days
Sex		male		Color or Race		white	
Occupation				Birth-place		Md.	
Where Residing if not at place of death							
Married, Single or Widowed		single		Name of Wife or Husband			
Father's Name		Frank Boward		Father's Birthplace		Md.	
Mother's Maiden Name		Della Souders		Mother's Birthplace		..	
Name of person giving information		Frank Boward		How related to deceased		father.	
CAUSES OF DEATH							
Primary		Premature birth				How long	
Immediate						How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
				Address			
Accident or Suicide?				28 W. Franklin St.			
				Hagerstown			



Name in Full		House Bowers.						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Hagerstown		County Wash.		MARYLAND		
	Date of death		Month 7	Day 6	Age 18	Years	Months	Days 10	
	Sex	male		Color or Race	white		Birth-place	Md.	
	Occupation	Laborer			Where Residing if not at place of death		— — —		
	Married, Single or Widowed	single		Name of Wife or Husband		— — —			
	Father's Name	Charles J Bowers					Father's Birthplace	Md.	
	Mother's Maiden Name	Elizabeth Schwingen					Mother's Birthplace	"	
	Name of person giving information	C. S. Bowers					How related to deceased	father	
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary	Rheumatism (41)				How long	3 wks		
	Immediate	Heart Failure				How long			
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		E. M. Schindel, M.D.		
					Address		Hagerstown Md		
	Accident or Suicide?		No.						



Name
in
Full

Russel Boners

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> Town		<u>Washington</u> County		MARYLAND	
Date of death	<u>1906</u> Month <u>July</u>	Day <u>20</u>	Age <u>7</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>md</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>John F Boner</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Lena B Ritter</u>			Mother's Birthplace <u>va</u>		
Name of person giving information <u>John Boners</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Accident - Killed by Elevator</u>	How long	<u>Instantly</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>W. L. Herman</u>
		Address	<u>Hagerstown</u> <u>md.</u>
Accident or Suicide?			

Coffman

Name
in
Full

CERTIFICATE OF DEATH

Dallas M. Brenner

Town

County

MARYLAND

Died at Hagerstown

Washington

Date

Month

Day

Years

Months

Days

of death

1906

7

31

Age

63

—

—

Sex

Male

Color or
Race

White

Birth-
place

Pa

Occupation

Coler

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Nettie

Riddellman

Father's
Name

Gearhart

Brenner

Father's
Birthplace

Pa

Mother's
Maiden Name

Myers

Mother's
Birthplace

Pa

Name of person giving
In formation

Nettie Riddellman

How related
deceased

Thief

CAUSES OF DEATH

166

Primary

Paralysis

How long

2 days

Immediate

Ed. Huston

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

E. A. Marham

Address

Hagerstown
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Smithburg
2813 7/31

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Benjamin Brocius* Town *Bellevue* County *Washington* MARYLAND
Died at *Bellevue*
Date of death *1904* Month *7* Day *20* Age *85* Years Months Days
Sex *Male* Color or Race *White* Birth-place *Md*
Occupation *Lanner* Where Residing if not at place of death
Married, Single or Widowed Name of Wife or Husband
Father's Name *John Brosius* Father's Birthplace
Mother's Maiden Name *Mary Stahl* Mother's Birthplace *Pa*
Name of person giving information *Jacob Stalzman* How related to deceased *Cousin*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Paralysis Insane Senility* *Exhaustion* How long *12 yrs*
6 mos.

Immediate
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

W B Monson
Hagerstown Md

Accident or Suicide? *No.*

Buried at Hancock

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs. Alice Brooks</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>7</i>		Day <i>14</i>		Years <i>59</i>	
Date of death <i>1906</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>md</i>			
Occupation <i>House work</i>		Where Residing If not at place of death					
Married, Single or Widowed <i>Married</i>		Wife or Husband <i>Benjamin Brooks</i>					
Father's Name <i>Henry Mitchell</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Mahala Hart</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Benjamin Brooks</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Myocarditis</i>	How long <i>1 yr</i>
Immediate <i>Pulmonary Edema</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. B. Williams</i>
	Address <i>Hagerstown md</i>
Accident or Suicide? <i>No</i>	

Kaywa - 9



Name in Full		CERTIFICATE OF DEATH										
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND					
	Beaver Creek Washington											
	Date of death	190	Month	7	Day	21	Age	Years	1	Months	6	Days
	Sex	Female		Color or Race	Poland		Birthplace	Beaver Creek				
	Occupation			Where Residing if not at place of death			Beaver Creek					
	Married, Single or Widowed			Name of Wife or Husband								
	Father's Name	Marshall Brooks					Father's Birthplace	Frankston				
	Mother's Maiden Name	Martha Taylor					Mother's Birthplace	Frankston				
Name of person giving information	Mrs. Marshall Brooks					How related to deceased	Mother					
<div style="text-align: center;">CAUSES OF DEATH</div>												
PHYSICIAN OR CORONER	Primary	Cholera Infant					How long	3 days				
	Immediate	Dysentery					How long	1 day				
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		S. S. Davis					
					Address		Bronsboro					
Accident or Suicide?							md					

George

Name
In Full

Mrs. Keziah M. Byers.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Williamstown</u>		County <u>Wash.</u>		MARYLAND	
Date of death 190 <u>6</u>	Month <u>July</u>	Day <u>14</u>	Years <u>70</u>	Months <u>5</u>	Days <u>11</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Franklin Co. Pa.</u>		
Married, Single <u>Married</u>		Occupation <u>Housekeeper</u>			
Name of Wife or <u>Wife or</u> Husband <u>Eli W. Byers</u>					
Father's Name <u>John Embick</u>			Father's Birthplace <u>Franklin Co. Pa.</u>		
Mother's Maiden Name <u>Sarah Fehl.</u>			Mother's Birthplace <u>Franklin Co. Pa.</u>		
Name of person giving information <u>M. A. Embick</u>			How related to deceased <u>Brother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>Five years</u>
Immediate <u>Hemorrhage of Lung</u>	How long <u>Died instantly</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. S. Richardson</u>
<u>Yes</u>	Address <u>Williamstown Ind.</u>
Accident or Suicide?	

J. M. Miller F. D.

Name
in
Full

Priscilla, Odessa, Ceruiger.

CERTIFICATE OF DEATH

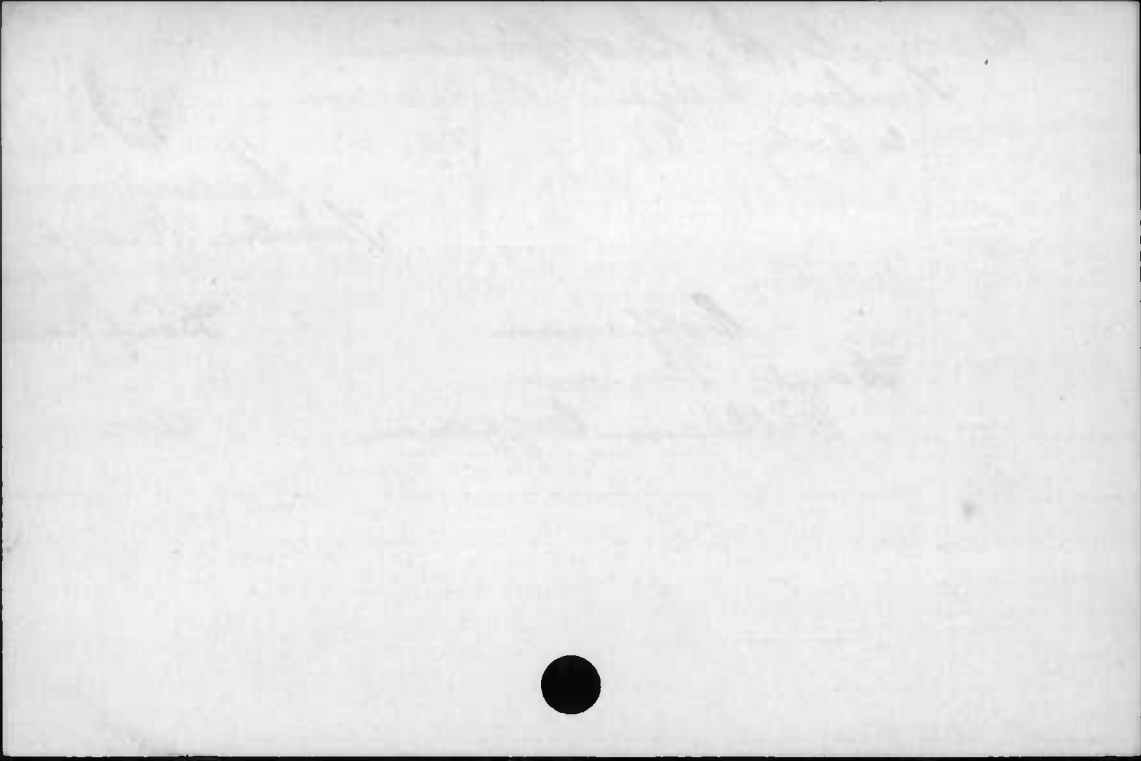
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		STATE	
Hancock		Washington		Maryland		Maryland	
Date	Month	Day	Age	Years	Months	Days	
of death	1906	July	4			28	
Sex	Female		Color or Race	White		Birth-place	Hancock Md
Occupation				Where Residing if not at place of death			
			Died at home				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			John H. Ceruiger		Father's Birthplace		
					Va.		
Mother's Maiden Name			Isora M. Gowan		Mother's Birthplace		
					West Va.		
Name of person giving information			John H. Ceruiger		How related to deceased		
					Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Convulsions	How long	1 wk
Immediate	Exhaustion	How long	1 wk
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. A. West	
Address		Hancock Md	
Accident or Suicide?		No	



Name
in
Full

Daniel L. Coffman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Timber Ridge</i> ^{Town}		<i>Was</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>July</i>	Day <i>31</i>	Age <i>70</i>	Months <i>"</i> Days <i>"</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Warpers ferry</i>		
Occupation <i>Farmer</i>	Where Residing If not at place of death <i>Timber Ridge</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband				
Father's Name <i>Jacob Coffman</i>	Father's Birthplace <i>Don't Know</i>				
Mother's Maiden Name <i>Don't Know</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>William Coffman</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>2 wks</i>
Immediate <i>Exhaustion</i>	How long <i>2 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. A. A. A.</i>
	Address <i>Thurman</i>
Accident or Suicide? <i>No</i>	<i>W. A. A.</i>



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

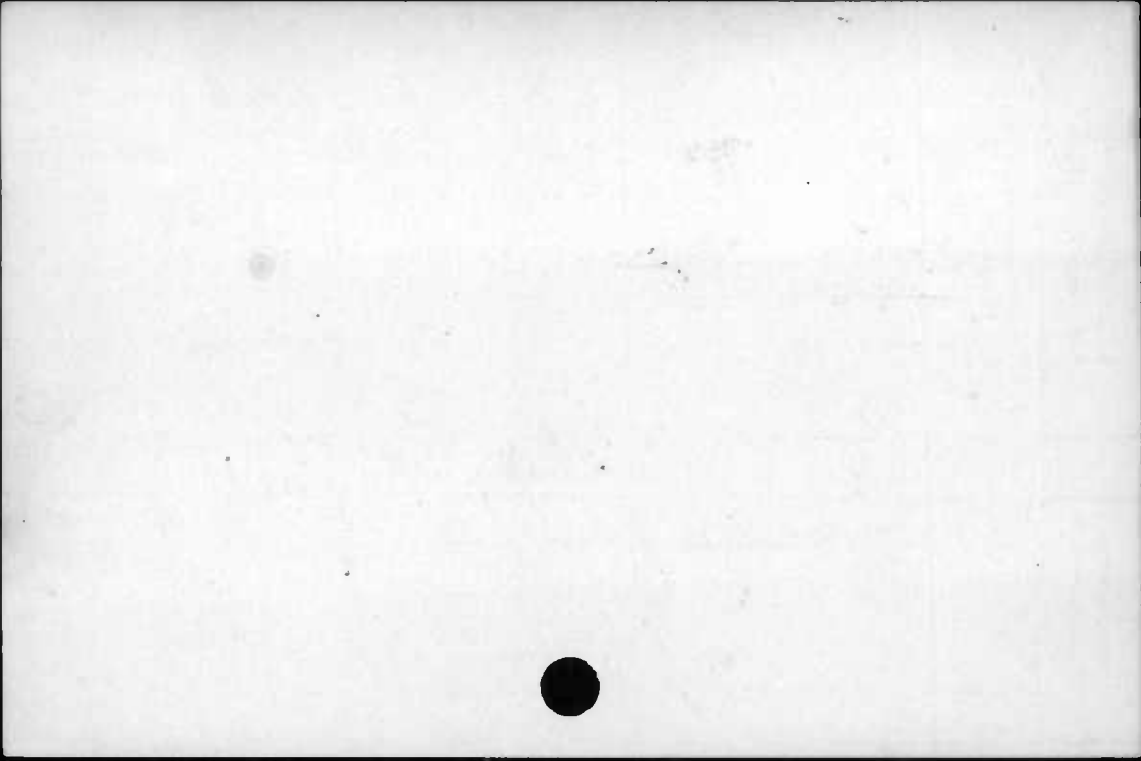
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fairplay</i> ^{Town}		County <i>Hash</i>			
Date of death 190 <i>5</i>	Month <i>7</i>	Day <i>30</i>	Age Years <i>73</i>	Months <i>7</i>	Days <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Sharpsburg</i>			
Occupation <i>Shoe-maker</i>	Where Residing if not at place of death <i>Fairplay</i>				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Sarah Coffman</i>				
Father's Name <i>Jacob Coffman</i>	Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>Mary A. Keedy</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>Chas. J. Coffman</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile Paralysis</i>	How long <i>8 mos</i>
Immediate <i>Exhaustion</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. M. Reichard</i>
	Address <i>Fairplay</i>
<input checked="" type="checkbox"/> Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Richard Cunningham</i>		Town <i>Stroks Farm</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Stroks Farm</i>		Month <i>July</i>		Day <i>10</i>		Age <i>5</i> Years <i>25</i> Months <i>25</i> Days	
Date of death <i>1906</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Stroks Farm</i>	
Occupation _____				Where Residing If not at place of death _____			
Married, Single or Widowed _____				Name of Wife or Husband _____			
Father's Name <i>Daniel H. Cunningham</i>				Father's Birthplace <i>Carleton</i>			
Mother's Maiden Name <i>Orla Dick</i>				Mother's Birthplace <i>Doumarville</i>			
Name of person giving information <i>Daniel H. Cunningham</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malnutrition</i>	How long <i>179</i>
Immediate <i>Exhaustion</i>	How long <i>3</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. P. Puffer</i>
	Address <i>3</i>
Accident or Suicide?	

J. L. Knap, F.D.

Name
in
Full

CERTIFICATE OF DEATH

Harold Chase Davies
 Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown* Date of death *1906* Month *7* Day *24* Age *105* Years Months *10* Days *29*

Sex *Male* Color or Race *White* Birth-place *MD*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *—* Name of Wife or Husband _____

Father's Name *John H Davies* Father's Birthplace *MD*

Mother's Maiden Name *Mrs Donaldson* Mother's Birthplace *MD*

Name of person giving information _____ How related to deceased *Father*

CAUSES OF DEATH

Primary *Enteritis.* How long *1 week*

Immediate *Meningitis.* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W B Morrison*

No. Address *Hagerstown MD*

Accident or Suicide? *No.*

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Buried at Hancock

Name
in
Full

CERTIFICATE OF DEATH

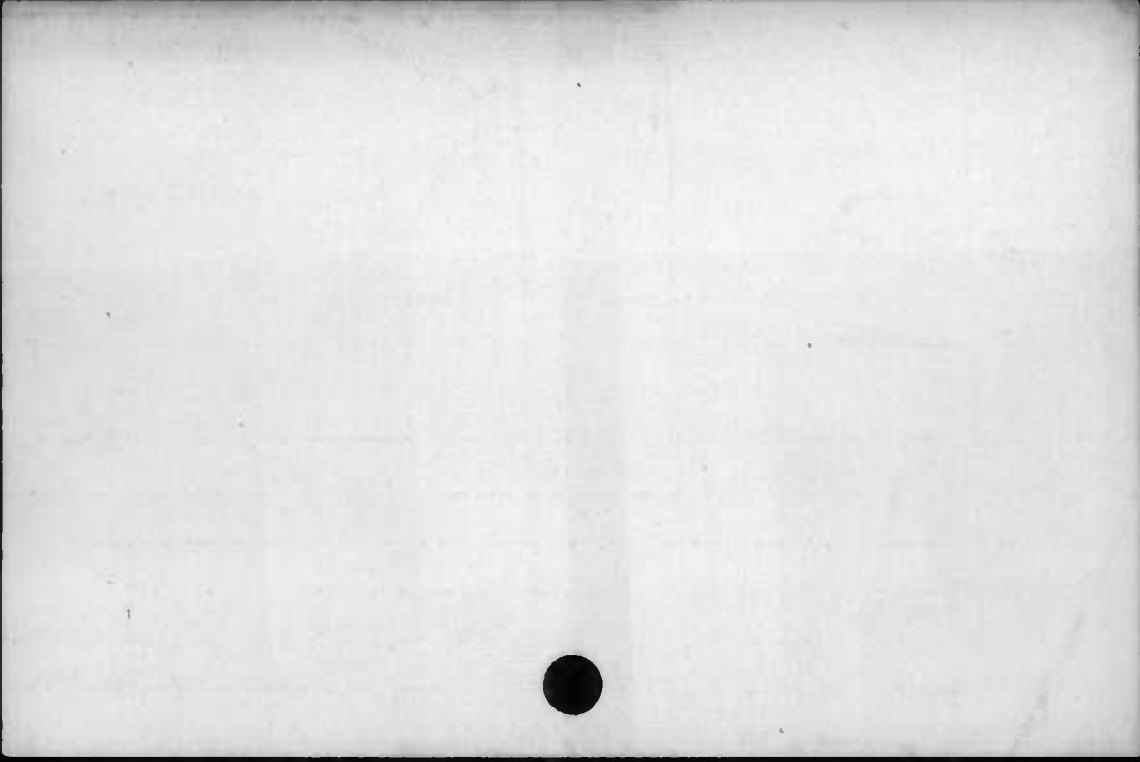
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Greencastle</i>		Town <i>Franklin</i>		County <i>Prima</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>7</i>		Day <i>29</i>		Age <i>20</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Ind.</i>			
Occupation <i>Clerk</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Mar Fleming Dayhoff</i>					
Father's Name <i>Jacob C. Dayhoff</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Emma Leiter</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Mrs J. C. Dayhoff</i>		How related to deceased <i>mother.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	
Immediate	<i>"</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Emmuler Am</i>	
		Address <i>Hagerstown</i>	
Accident or Suicide? <i>no</i>		<i>Ind.</i>	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at

Charlton

Town

County

Wash.

Date

of death 1906

Month

8

Day

31

Age

Years

75

Months

Days

Sex

male

Color or
Race

white

Birth-
place

Penna.

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

widower

Name of Wife or
Husband

Mary Smury.

Father's
Name

Not Known

Father's
BirthplaceMother's
Maiden Name

"

"

Mother's
BirthplaceName of person giving
information

E. Smury

How related
to deceased

son

CAUSES OF DEATH

Primary

R. R. Accident

How long

Immediate

" "

"

How long

immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Embler & Son Undertakers

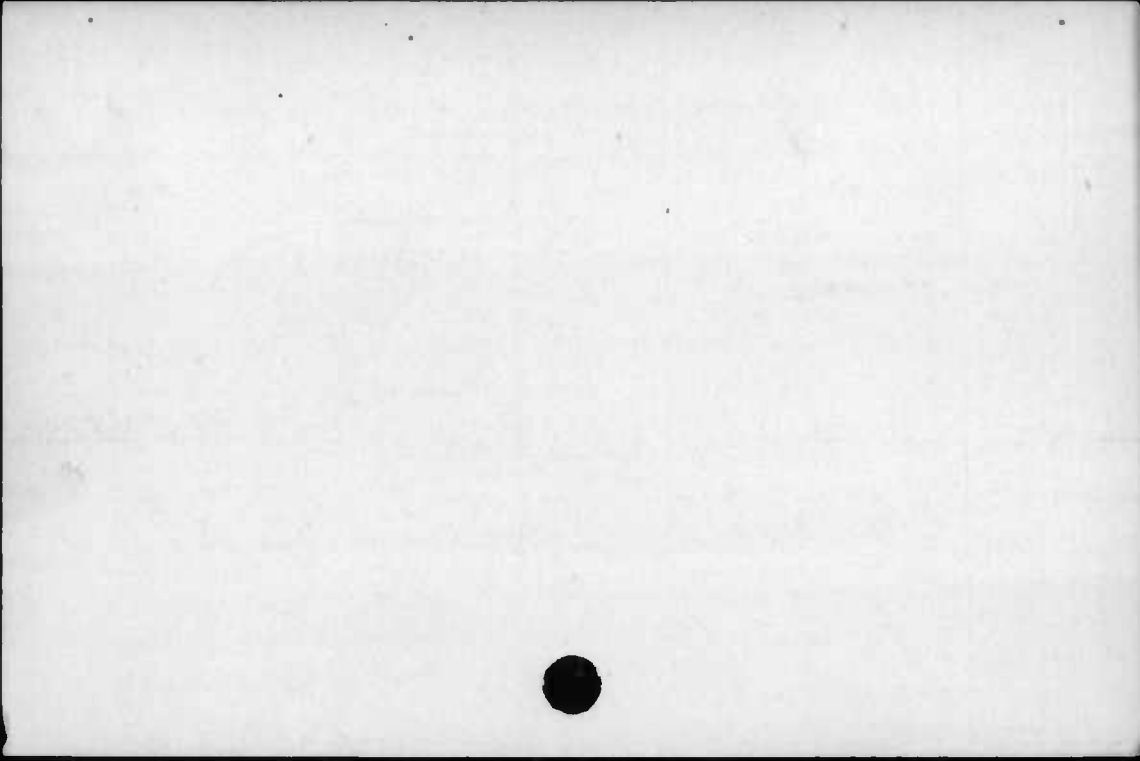
Address

Hagerstown, Md.

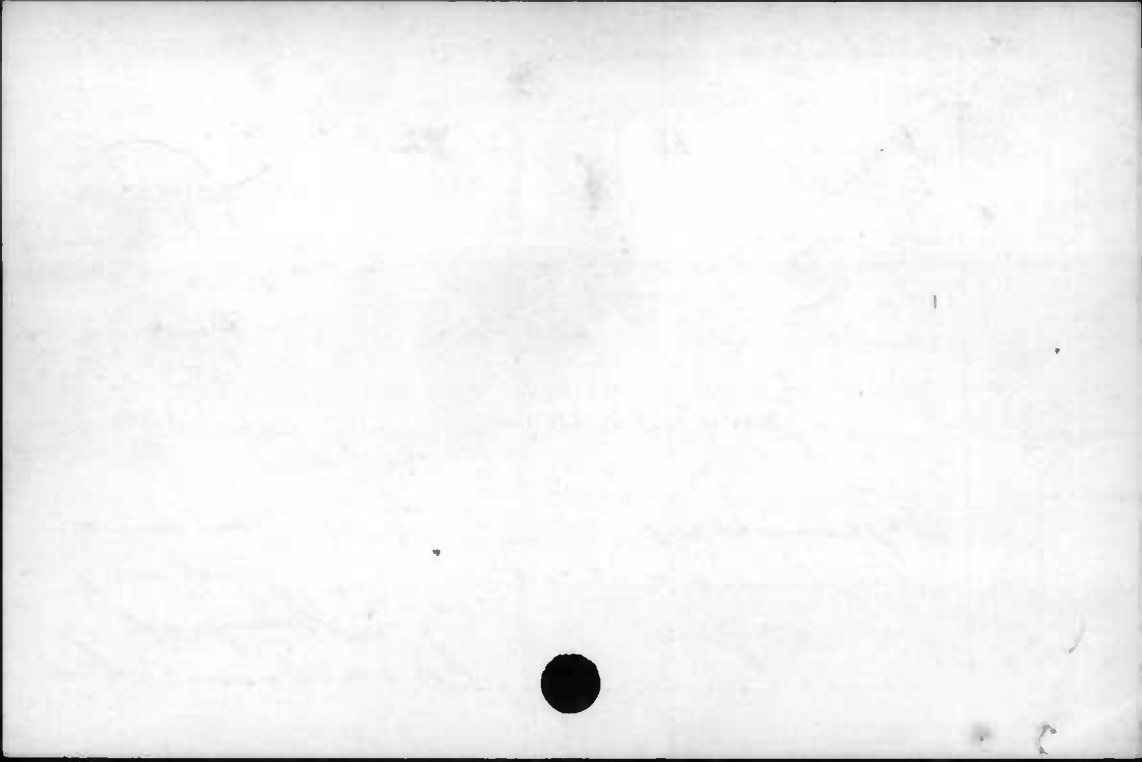
No physician in attendance.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full William Drury		CERTIFICATE OF DEATH	
Town Hagerstown		County Washington	
Died at		MARYLAND	
Date of death 1906	Month July	Day 11	Age 8
Sex Male	Color or Race White	Birthplace Hagerstown	
Occupation		Where Residing if not at place of death Hagerstown	
Married, Single or Widowed		Name of Wife or Husband	
Father's Name Albert Drury		Father's Birthplace Blairs Valley	
Mother's Maiden Name Lula Davis		Mother's Birthplace Hagerstown	
Name of person giving information Father		How related to deceased 5	
CAUSES OF DEATH			
Primary Cholera Infantum		How long 3 days	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician W. Miller Jr	
		Address Hagerstown Md	
Accident or Suicide? <input type="checkbox"/>			



Name

In Full

Drusila Dunkan
 Town *Lean* County *Wash*

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death *1906*

Month

7

Day

13

Age

Years

82

Months

Days

Sex

Female

Color or Race

White

Birth-place

Friedrick Co

Occupation

Housekeeper

Where Residing if not at place of death

Married, Single or Widowed

Widow

Name of Wife or Husband

James Dunkan

Father's Name

Father's Birthplace

Friedrick Co

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

Mart Dunkan

How related to deceased

Son

CAUSES OF DEATH

Primary

Dysentery

How long

the man

Immediate

Inflammation of bowels

How long

5 days

Are the name, age, sex, color, date and place correctly given above?

Yes

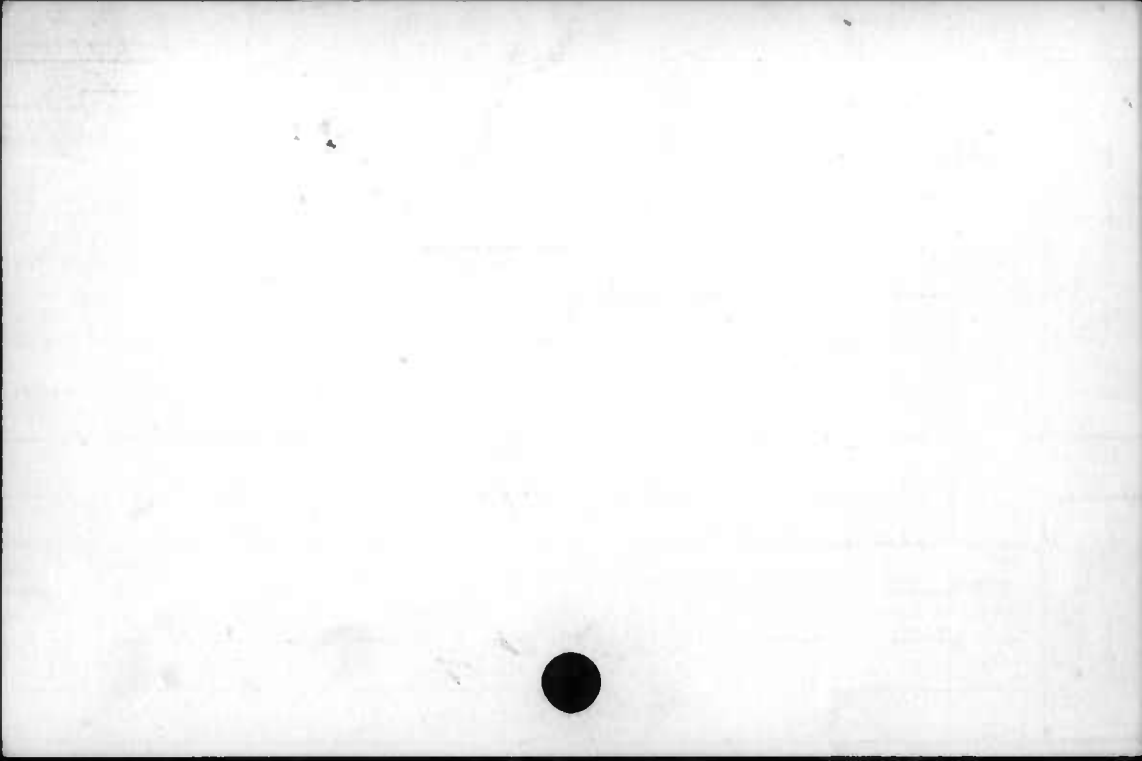
Signature of Physician

Address

C. J. Mays
Lebanon Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

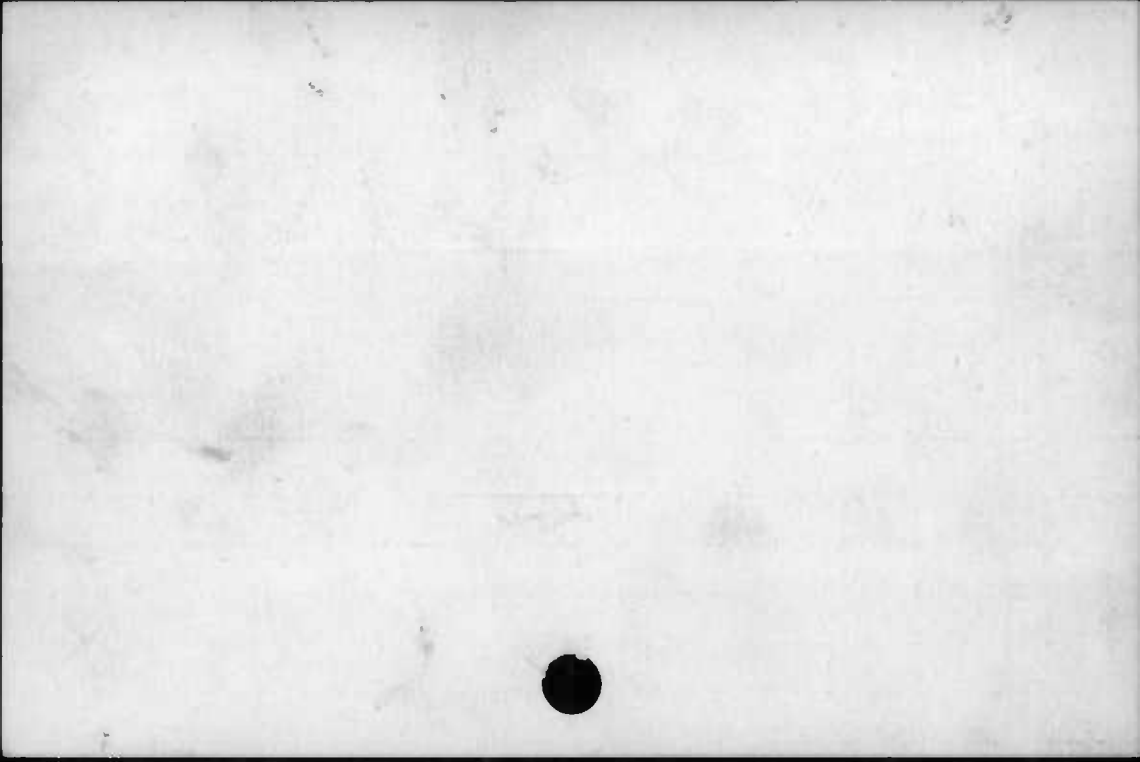
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Haystown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	190 ^{Month} <i>6</i>	^{Day} <i>26</i>	Age ^{Years} <i>12</i>	Months <i>—</i>	Days <i>—</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Ind</i>
Occupation	<i>Clerk</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Richard Elliott</i>		Father's Birthplace	<i>Pa</i>	
Mother's Maiden Name	<i>Minnie Brown</i>		Mother's Birthplace	<i>Pa</i>	
Name of person giving information	<i>Minnie Elliott</i>		How related to deceased	<i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Malign. Diphtheria</i>	How long	<i>Five days</i>
Immediate	<i>Malign. Diphtheria</i>	How long	<i>Five days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Chas. B. Boyle M.D.</i>
<i>yes</i>		Address	
<i>Accident or Suicide?</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1906</i>		Month <i>7</i>	Day <i>21</i>	Age <i>9</i> ^{Years}	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>md</i>	
Occupation			Where Residing if not at place of death		
Married , Single or Widowed			Name of Wife or Husband		
Father's Name <i>Edward Gaylor</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Lillian Kruber</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Edward Gaylor</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>9</i>
Immediate <i>Pneumonia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. L. J. Friedman</i>
<i>7</i>	Address <i>Hagerstown md</i>
Accident or Suicide?	

affman

Name
in
Full

CERTIFICATE OF DEATH

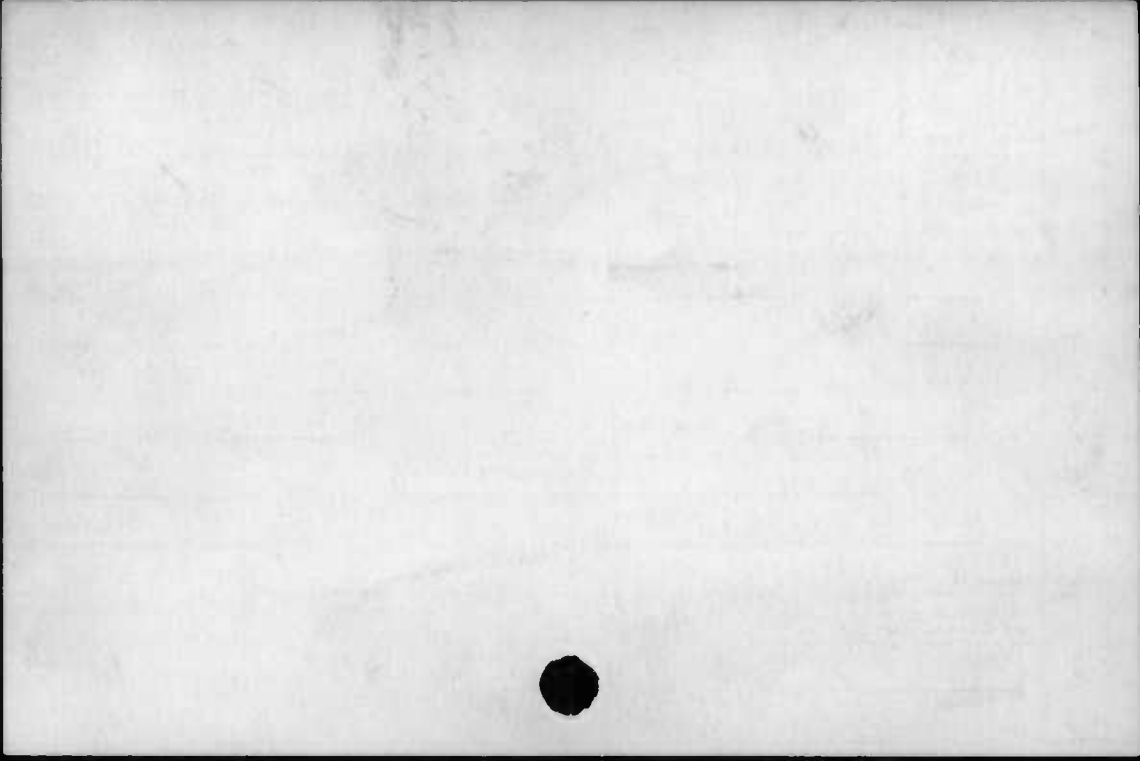
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Hudley William Goetz</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Date of death <i>1906</i>		Age <i>7</i>		Months <i>4</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>		Days	
Occupation <i>Child</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Adgus Goetz</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Katie Griffith</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>John Griffith</i>		How related to deceased <i>Nucle</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Thrush</i>	<i>(100)</i>	How long <i>Some Phases</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Daniel C. Coakley</i>
		Address <i>Hagerstown Md</i>
Accident or Suicide?		



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Date of death	<i>1906</i>	Month <i>7</i>	Day <i>4</i>	Age <i>42</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>				
Occupation <i>Butcher</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mollie Hammer</i>						
Father's Name <i>John P. Halbach</i>	Father's Birthplace <i>MD</i>						
Mother's Maiden Name <i>Mary J. Bess</i>	Mother's Birthplace <i>MD</i>						
Name of person giving information <i>Samuel Halbach</i>	How related to deceased <i>Brother</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever

How long

3 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

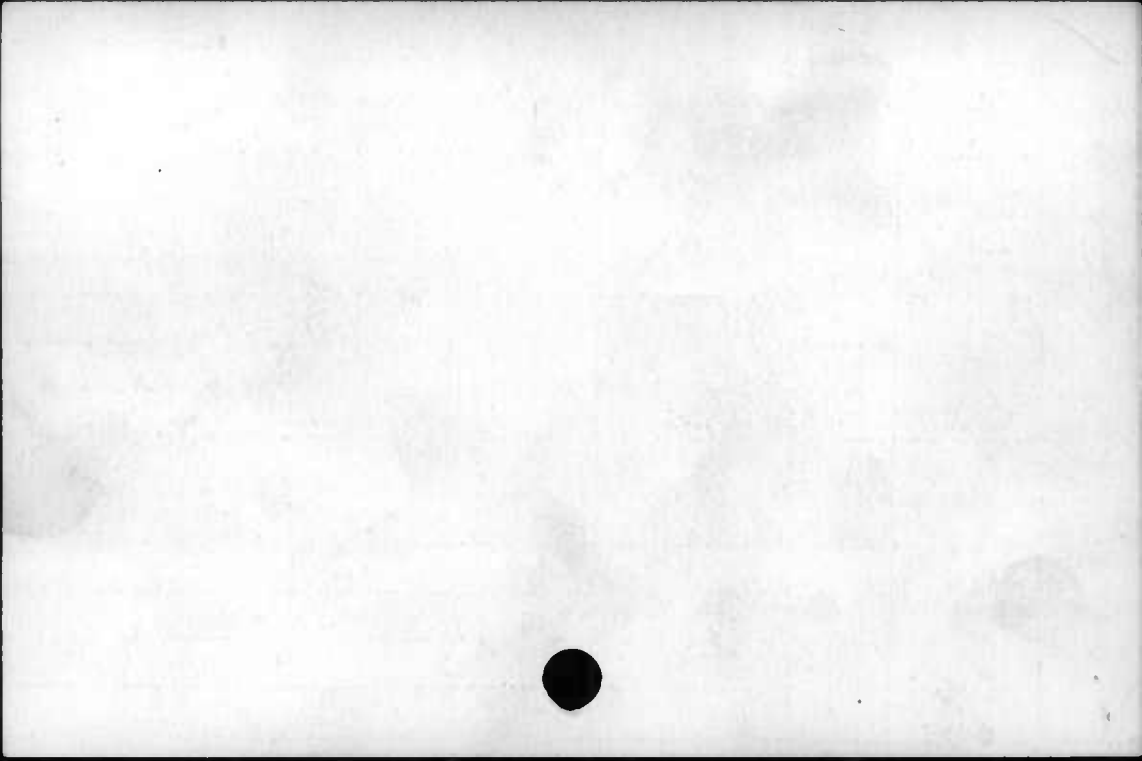
Yrs

Signature of Physician

Address

W. P. Penick
Hagerstown
MD

Accident or Suicide?



Name
in
Full

Catharine Hammond.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Downsville		County Washington		MARYLAND	
Date of death	1906	Month 7	Day 8	Age 72	Years	Months 3	Days
Sex	Female		Color or Race	White		Birth- place	Downsville.
Occupation	Housewife			Where Residing if not at place of death Downsville			
Married, Single or Widowed	Widowed		Name of Wife or Husband	Andrew Hammond.			
Father's Name	Martin Beachley.				Father's Birthplace	Unknown	
Mother's Maiden Name	Elizabeth Coffman.				Mother's Birthplace	Sharpsburg	
Name of person giving In formation	Henry Shively.				How related to deceased	Son-in-law.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senile Paresis	How long	2 yrs
Immediate		How long	

Are the name, age, sex, color, date
and place correctly given above?

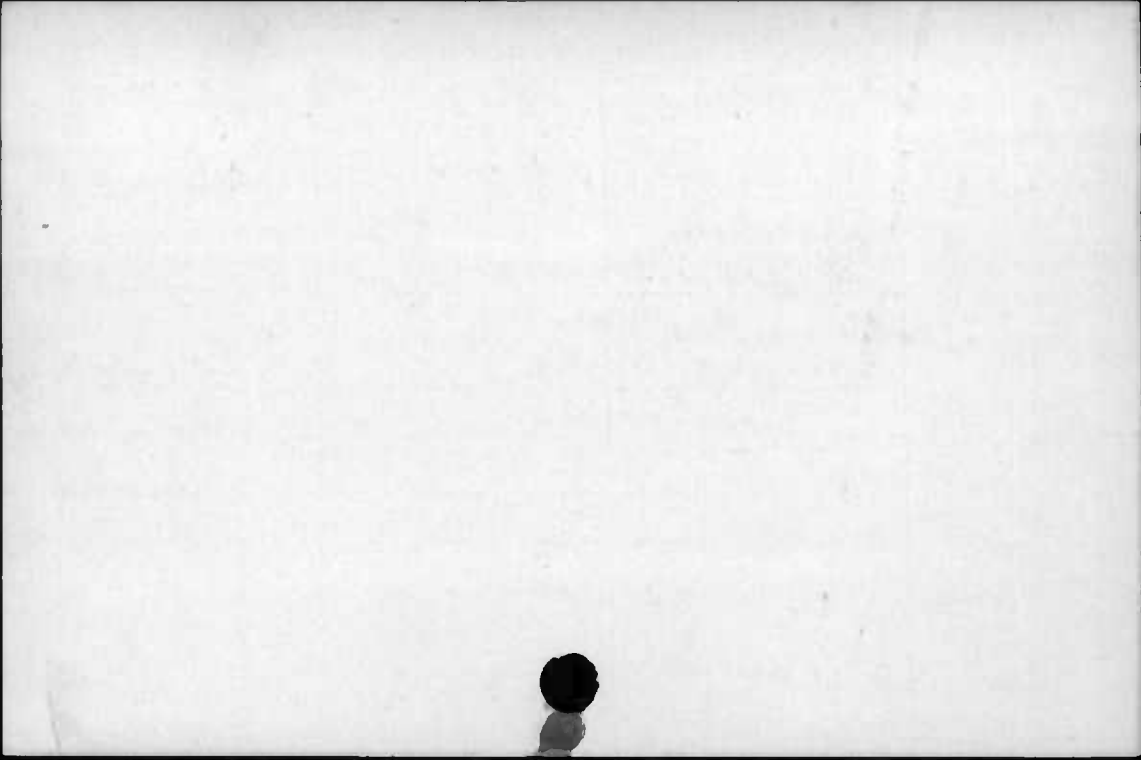
yes

Signature of
Physician

Address

U.M. Reichard
Fairplay

Accident or Suicide?



Name
in
Full

James E. Hawken

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Williamsport</i>			^{County} <i>Washington</i>			MARYLAND		
Date of death 190 <i>6</i>	Month <i>July</i>	Day <i>10</i>	Age	Years <i>77</i>	Months <i>4</i>	Days <i>13</i>		
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Williamsport</i>					
Married, Single or Widowed <i>Married</i>			Occupation <i>Tailor</i>					
Name of Wife or Husband <i>Mary S. Hawken</i>								
Father's Name <i>William Hawken</i>			Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Catherine Stake</i>			Mother's Birthplace <i>Williamsport Md</i>					
Name of person giving information <i>J. A. Hawken</i>			How related to deceased <i>son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease and Secondary</i>	How long <i>Years</i>
Immediate <i>Terminal Pneumonia</i>	How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. M. M. Hark</i>
	Address <i>Williamsport</i>
Accident or Suicide?	

J. M. Miller F.D.

Name
in
Full

Susan A Heard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Hagerstown		Washington		County	
Date of death	1906	Month	7	Day	19	Age	38
Sex	Female	Color or Race	White	Birth-place	Ind	Months	
Occupation	House work			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband			
Father's Name				Jesse Beidler			
Mother's Maiden Name				Emma Hape			
Name of person giving information				Lewis Heard			
Father's Birthplace				Ind			
Mother's Birthplace				Ind			
How related to deceased				Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Spastic Paraplegia	How long	1 year
Immediate	Exhaustion	How long	6 months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Victor D Miller Jr.
		Address	Hagerstown Ind.
Accident or Suicide?	No		

Rocky Ridge

Name
In
Full

Earl B. Hendrickson.

CERTIFICATE OF DEATH

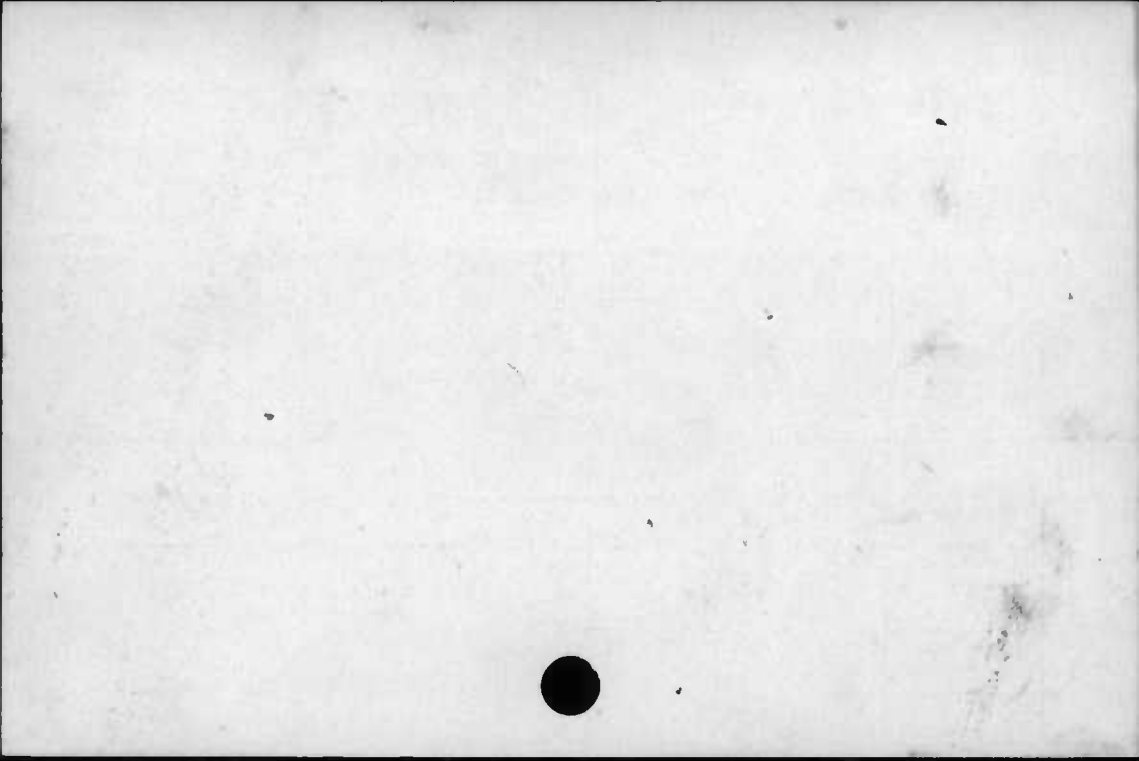
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death	1906	Month <i>July</i>	Day <i>24</i>	Age <i>—</i>	Months <i>6</i> Days <i>26</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Otis Hendrickson</i>	Father's Birthplace <i>Va.</i>				
Mother's Maiden Name <i>Bessie Henry</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Mrs Otis Hendrickson</i>	How related to deceased <i>mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>Two weeks</i>
Immediate <i>Exhaustion</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>V. C. Miller</i>
Address <i>Hagerstown, Md.</i>	
Accident or Suicide? <i>No</i>	



Name In Full

Certificate of Death

Phillip P. Herrmann

Town

County

Died at

MARYLAND

Date 19 06 Month July Day 22 Age 5 - 4 Y. M. D. Native of Ind. Occupation child
 Male White Married Widow Divorced
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

 Husband
of
Wife

 Father's Name Phillip P. Herrmann Mother's Name

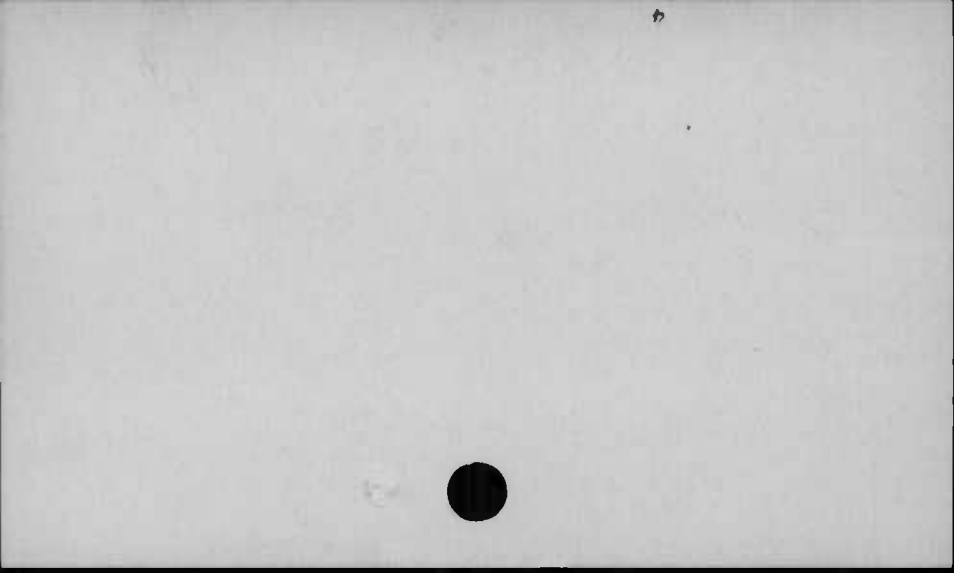
Cause of Death { Primary Typhoid Fever Immediate
 How long sick 10 days
Accident Suicide Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 30808



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fair View</i>		Town <i>Maah</i>		County		MARYLAND	
Date of death	1906	Month	July	Day	29	Age	Years
						Months	3
						Days	
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Ind</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
<i>Harry Howe</i>				<i>Pa</i>			
Mother's Maiden Name				Mother's Birthplace			
<i>Mary Rowe</i>				<i>Ind</i>			
Name of person giving information				How related to deceased			
<i>Harry Horner</i>				<i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Inanition</i>	How long	<i>3 months</i>
Immediate	<i>Convulsions</i>	How long	<i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Harry E. Brutzman</i>	
<i>Frank Doss</i>		Address	
		<i>Fair View</i>	
Accident or Suicide?			
<i>Undertaken</i>		<i>Ind</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Henry Hose

Died at *Hagerstown* ^{Town} *Washington* ^{County} **MARYLAND**

Date of death **190** ^{Month} *7* ^{Day} *27* ^{Years} *80* ^{Months} *3* ^{Days} *16*

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *Cooper* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Mary Burkhardt*

Father's Name *Peter Hose* Father's Birthplace *Pa*

Mother's Maiden Name *Susan Hose* Mother's Birthplace *—*

Name of person giving information *Charles E. Hose* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

How long

4 days

Immediate

Exhaustion

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

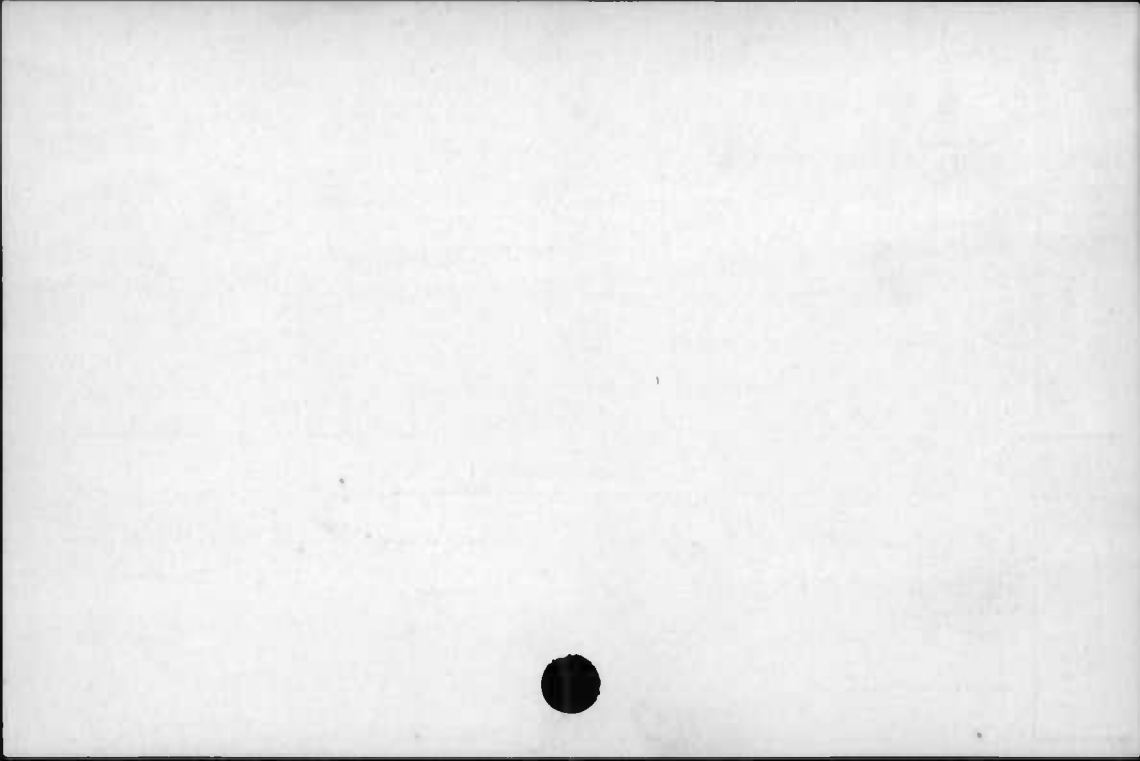
yes

Signature of Physician

Address

J. E. Pitman
Hagerstown
Maryland

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

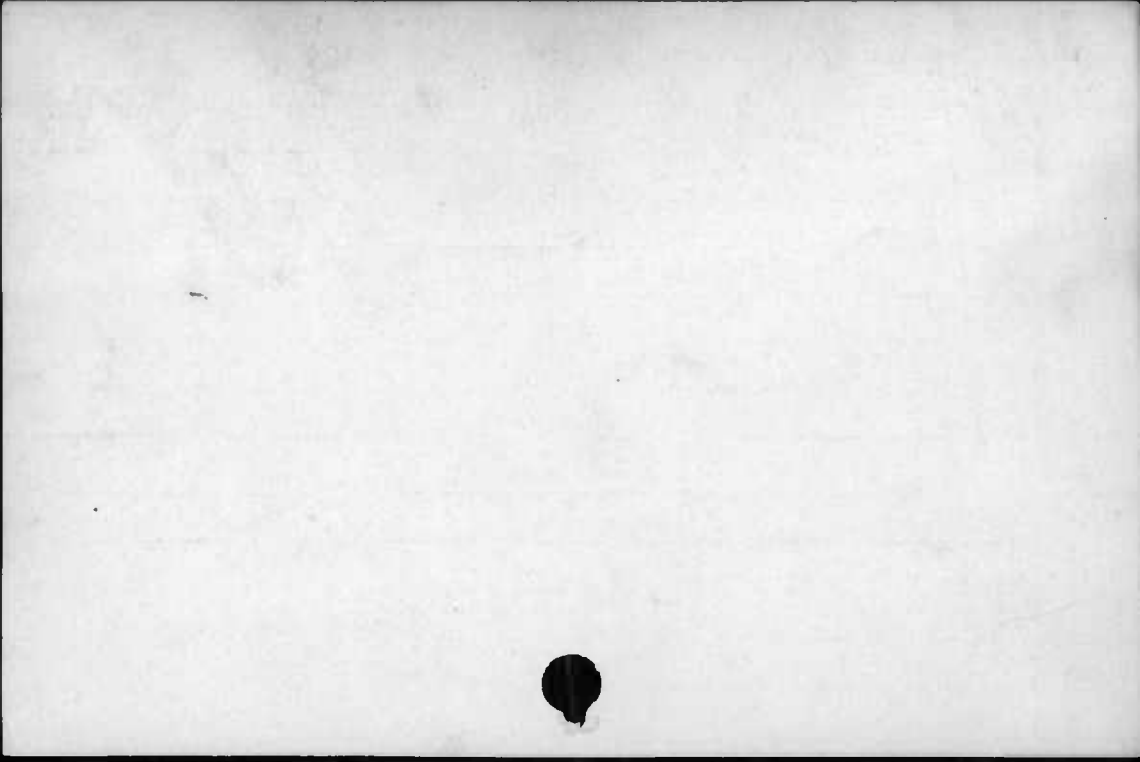
TO BE ANSWERED BY
NEAREST FRIEND

John R. 1 Euntz		County		TOWN		Hagerstown		Washington		MARYLAND	
Died at		Date of death		Month		Day		Years		Months	
1904		7		31		Age		37		Days	
Sex		Male		Color or Race		White		Birth-place		Md	
Occupation		Laborer		Where Residing if not at place of death							
Married, Single or Widowed		Single		Name of Wife or Husband							
Father's Name		Ephraim		1 Euntz		Father's Birthplace		Md			
Mother's Maiden Name		Susan				Mother's Birthplace		Md			
Name of person giving information		Mrs. Funkhouser		How related to deceased		None					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Coal Gas Poisoning		How long		174		15 minutes	
Immediate		Wrinkle Heart +		How long		Wrinkle Heart (?)			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		F. R. Duell			
				Address		Hagerstown, Md.			
Accident or Suicide?		No							



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Hagerstown</u> <small>Town</small>		<u>Washington</u> <small>County</small>	
		Date of death <u>1906</u> <small>Month</small> <u>27</u> <small>Day</small> <u>13</u>		Age <u>31</u> <small>Years</small>	
		Sex <u>Female</u>		Color or Race <u>White</u>	
		Occupation <u>House work</u>		Where Reading if not at place of death	
		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband	
		Father's Name <u>Samuel Guile</u>		Father's Birthplace <u>md</u>	
		Mother's Maiden Name <u>Alice Palmer</u>		Mother's Birthplace <u>md</u>	
		Name of person giving information <u>Samuel Guile</u>		How related to deceased <u>Father</u>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<u>Sarcoma of knee</u>		How long	<u>27 years</u>
	Immediate	<u>General Exhaustion</u>		How long	<u>" "</u>
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>V. L. Miller, Jr.</u>		
	Address <u>Hagerstown, Md.</u>				
Accident or Suicide? <u>no</u>					

Muna Ch.

Proffmen

Name
in
Full

CERTIFICATE OF DEATH

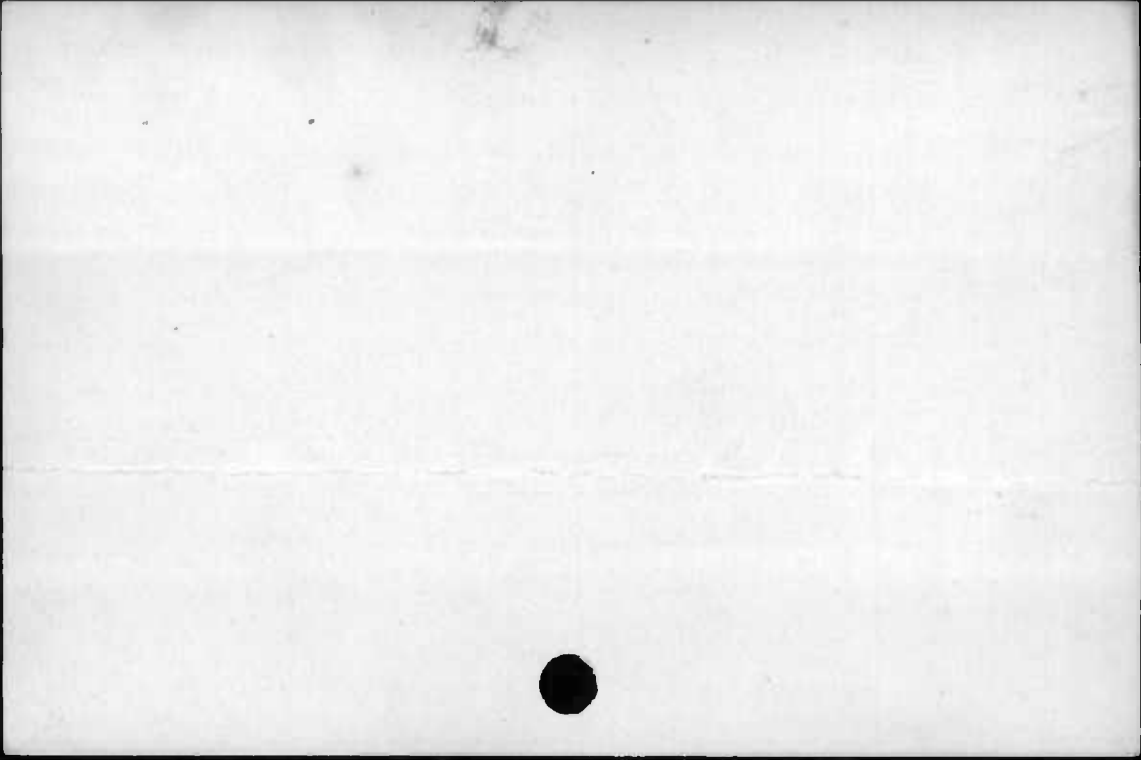
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chewsville</i>		Town <i>Washington Co</i>		County		MARYLAND	
Date of death <i>1906</i>		Month <i>7</i>		Day <i>3</i>		Age <i>42</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Oldsville Md</i>			
Occupation <i>Honored Wife</i>		Where Residing if not at place of death <i>Chewsville</i>					
Married, Single or Widowed		Name of Wife or Husband <i>Arnie Longnecker</i>					
Father's Name <i>Seth. Selins.</i>		Father's Birthplace <i>Fred. Co</i>					
Mother's Maiden Name <i>Fannie Smith</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Mr Longnecker</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Sepsaemia</i>	How long <i>One Month</i>
Immediate <i>Asthenia</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. Quim M.D.</i>
	Address <i>Chewsville Md.</i>
Accident or Suicide?	



Name
in
Full

Elizabeth Lowman

CERTIFICATE OF DEATH

Died at

Town

County

Near Bone town. Washington

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1906

7

3

Age

72

7

1

Sex

Female

Color or
Race

White

Birth-
place

Beards Church.

Occupation

House Wife

Where Residing if not
at place of death

" " "

Married,
or Widowed

Married

Name of Wife or
Husband

Elizabeth Lowman

Father's
Name

Andrew Eaney.

Father's
Birthplace

—

Mother's
Maiden Name

Elizabeth Bonner.

Mother's
Birthplace

—

Name of person giving
In formation

J. R. Lowman

How related
to deceased

Husband.

CAUSES OF DEATH

Primary

Consumption

How long

Six months

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes.

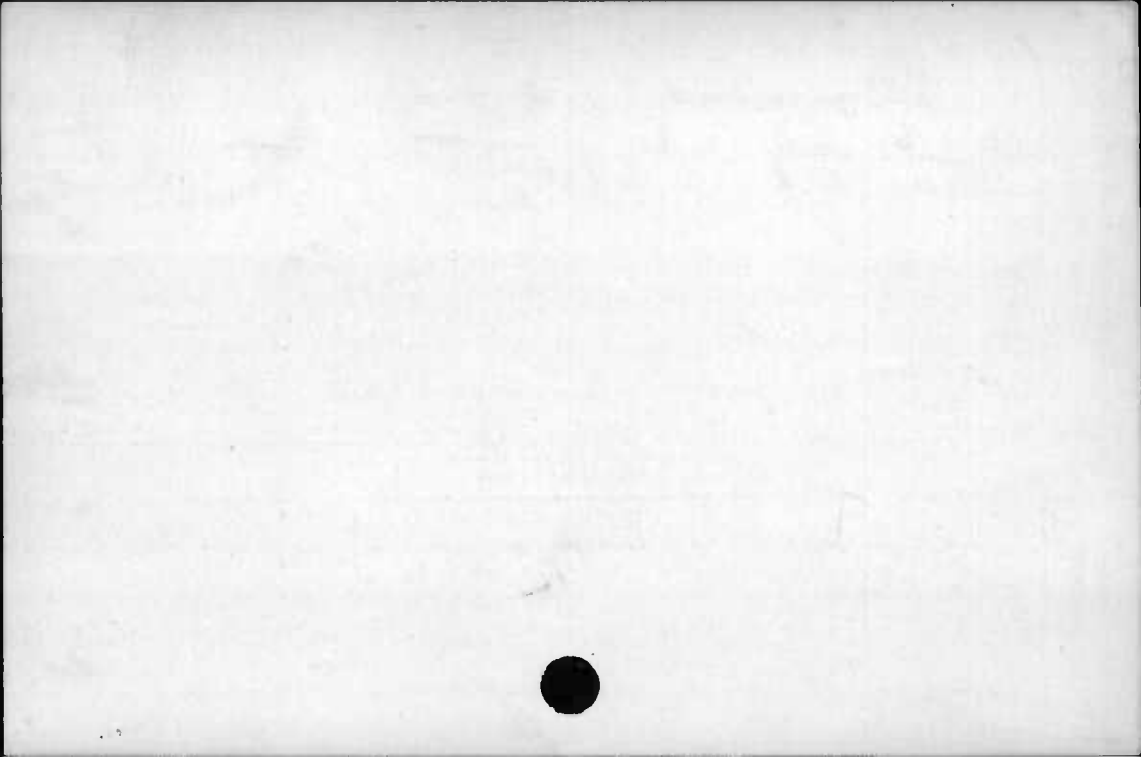
Signature of
Physician

Address

Geo. B. Hoover. Undertaker
Smithsburg. Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Infant of Mr and Mrs William Mary

Town

County

Died at

Shohetown

Washington

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1906

July

Age

10

~~Male~~

White

Married

~~Widow~~

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

William Mary

Mother's

Name

Henderson
105

Cause of

Primary

General Prostration

How long sick

Death

Immediate

Inflammation of Bowels

Accident, Suicide, Homicide

Reported by

J. H. G. Zander (M.D.)

Address

Beaver Creek Washington Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

Mary E Miller

CERTIFICATE OF DEATH

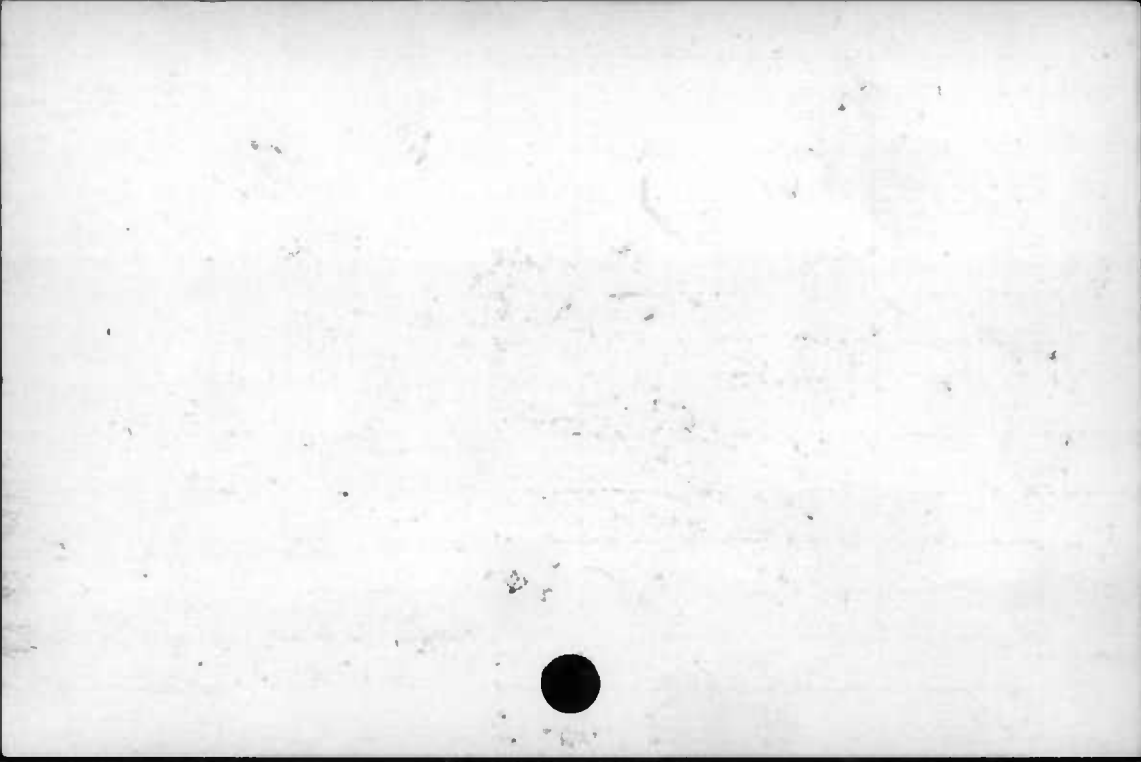
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Edgemoor</u> Town		<u>Wash</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>July</u>	Day <u>2</u>	Age <u> </u>	Years <u> </u>	Months <u> </u> Days <u> </u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Edgemoor Md</u>			
Occupation <u> </u>	Where Residing if not at place of death <u>Edgemoor Md</u>				
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Henry C. Miller</u>		Father's Birthplace <u>Edgemoor Md</u>			
Mother's Maiden Name <u>Edith E. Wyckoff</u>		Mother's Birthplace <u>Edgemoor Md</u>			
Name of person giving information <u>Harold E. Miller</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Stell Bancer</u>	How long <u> </u>
Immediate <u>Heart attack</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. H. Jordan</u>
	Address <u>Smithsburg Md</u>
Accident or Suicide? <u> </u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

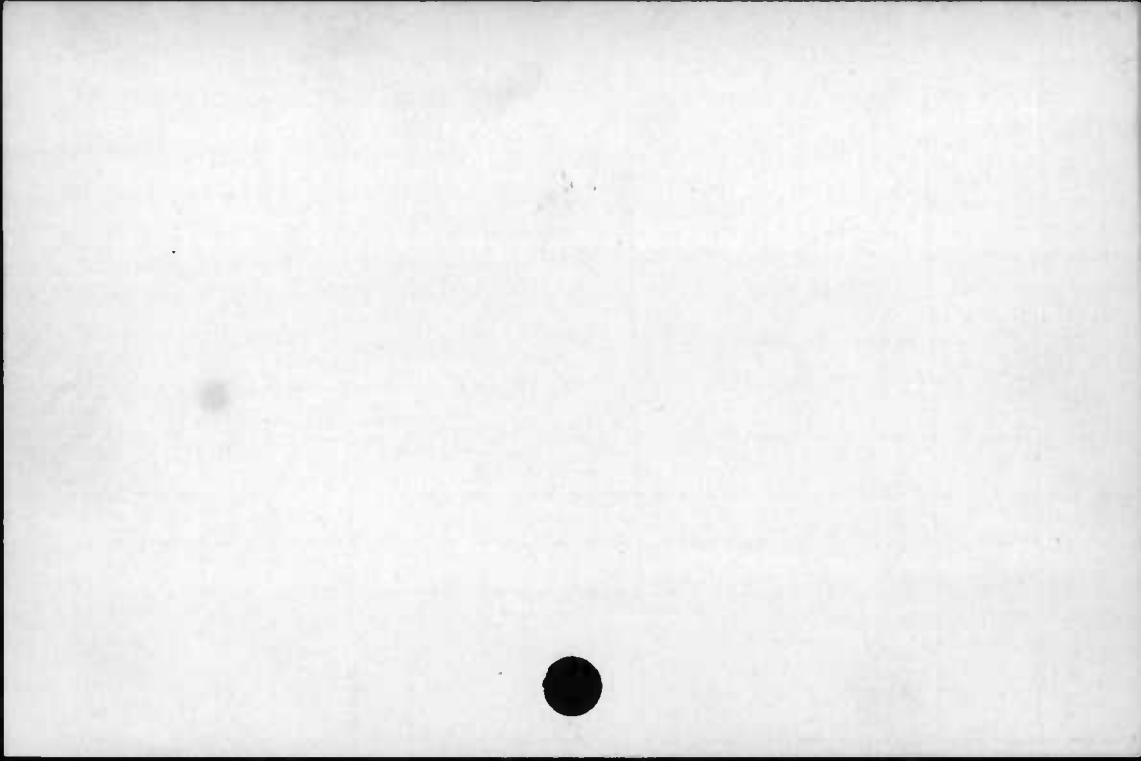
MARYLAND

Died at <i>Parkhead</i> ^{Town}		<i>Madh</i> ^{County}			
Date of death <i>1906</i>	Month <i>July</i>	Day <i>5</i>	Age <i>1</i>	Years <i>1</i>	Months <i>6</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Parkhead</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Alvey Mills</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Emma Myers</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Mills</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>10 1/2</i> <i>week</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>P. E. Sleigers M.D.</i>
<i>Wantz B. Co.</i>	Address <i>Hancock</i>
Accident or Suicide? <i>Undertaker attending</i>	<i>Ind</i>



Name
in
Full

CERTIFICATE OF DEATH

Glacys May Invals

Town

County

MARYLAND

Died at

Near Invalde

Washington

Date

Month

Day

Years

Months

Days

of death 1906

7

19

Age

—

2

21

Sex

Female

Color or
Race

White

Birth-
place

Near Invalde

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Frisby Invals

Father's
Birthplace

Tilghmanston

Mother's
Maiden Name

Bertha Ector

Mother's
Birthplace

Sharpsburg

Name of person giving
Information

Frisby Invals

How related
to deceased

Father

CAUSES OF DEATH

Primary

Congenital debility

How long

all life

Immediate

Marasmus

How long

all life

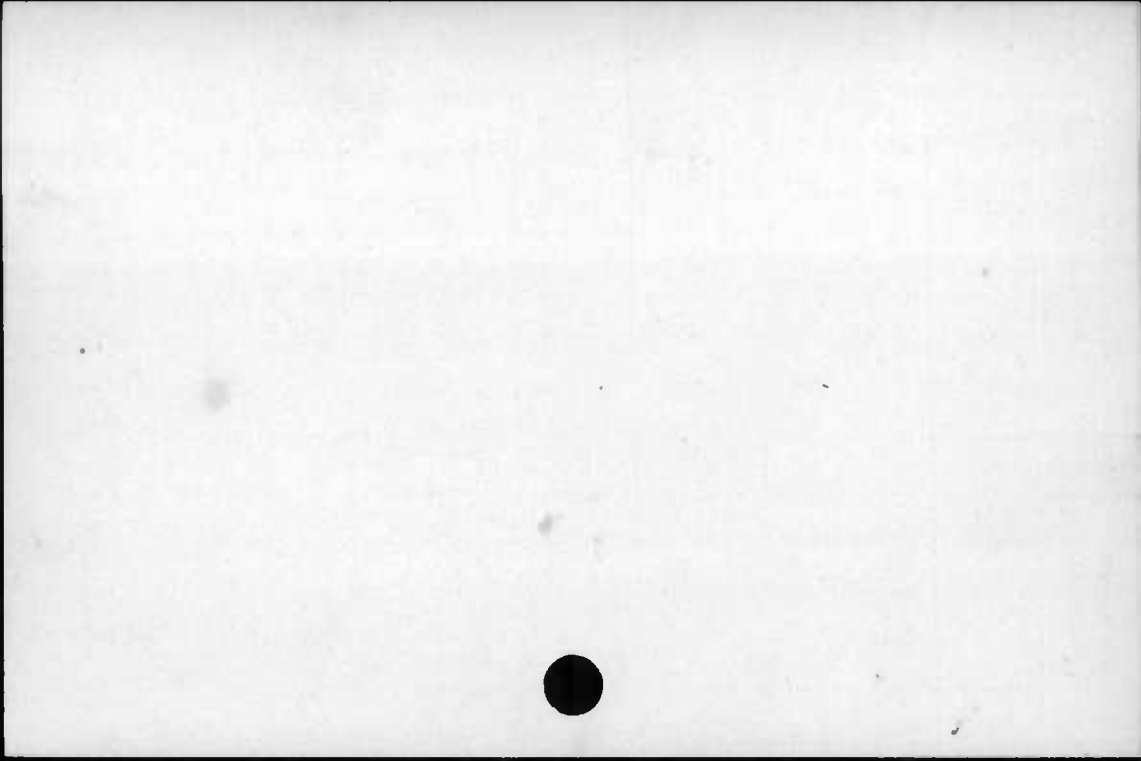
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

M. M. Reichard
Fairplay.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

in
Full

Mary J. Mose

CERTIFICATE OF DEATH

Died at <i>Sharpsburg</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>July</i>	Day <i>24</i>	Age <i>74</i> Years	<i>5</i> Months <i>25</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Fredk Co</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>John Mose</i>				
Father's Name <i>Frederick Grim</i>	Father's Birthplace <i>Fredk Co</i>				
Mother's Maiden Name <i>Elizabeth Iseltmaucher</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Mrs. Wm A. Bager</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

Primary	<i>General Debility</i>	How long	<i>154</i> <i>Four years</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>V. H. Guntzman</i>	
		Address <i>Sharpsburg Md?</i>	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Chas. S. Wade
Undertaker

Name
in
Full

Letta Moxley

CERTIFICATE OF DEATH

Died at <u>Hancock</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u> <small>Month</small> <u>July</u> <small>Day</small> <u>15</u> <small>Years</small> <u>17</u> <small>Months</small> <u>11</u> <small>Days</small> <u>3</u>		Age <u>17</u>			
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birthplace <u>Hancock Md</u>			
Occupation <u>Servant</u>	Where Residing if not at place of death <u>Died at Home</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband _____				
Father's Name <u>Edward Moxley</u>	Father's Birthplace <u>Wash Co Md</u>				
Mother's Maiden Name <u>Mary Smith</u>	Mother's Birthplace <u>Va.</u>				
Name of person giving information <u>Edward Moxley</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

Primary	<u>Typhoid Fever</u>	How long <u>2 weeks</u>
Immediate	<u>Hemorrhage</u>	How long <u>1 hour</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>J. A. West</u>
		Address <u>Hancock Md</u>
Accident or Suicide?	<u>No</u>	

Dr. Hunt

Name
in
Full

CERTIFICATE OF DEATH

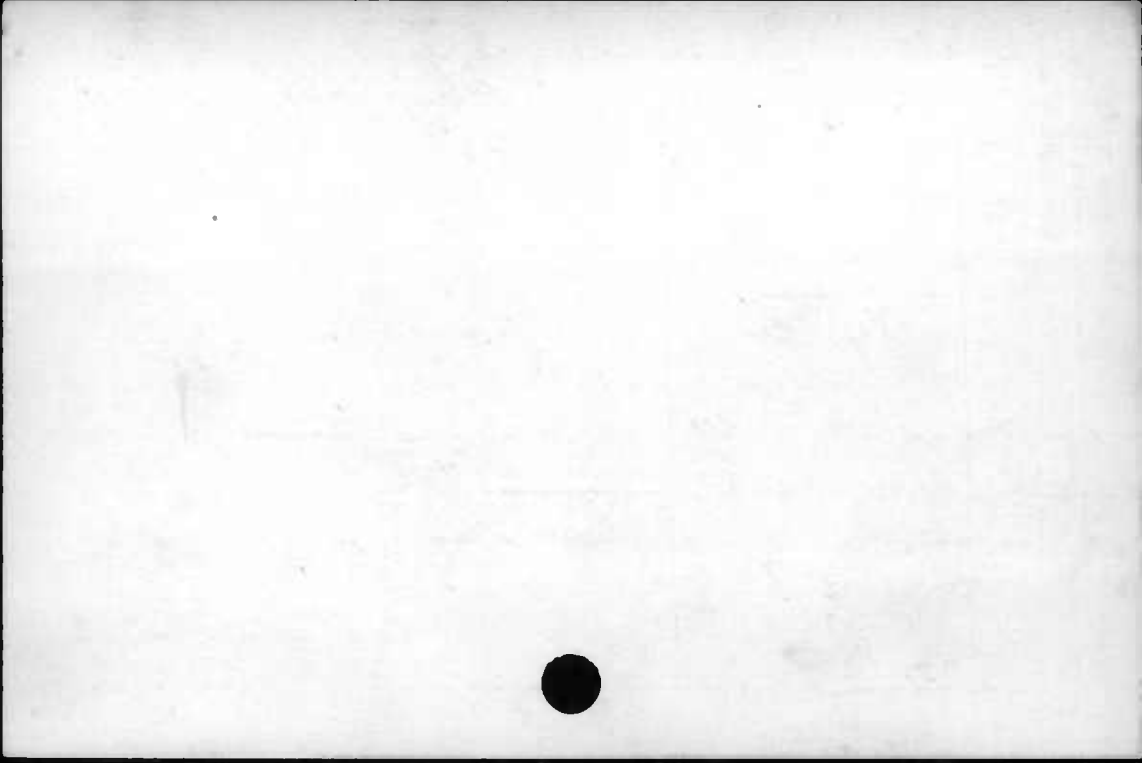
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Larence McGill Mullen</i>		Town <i>Frankstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Frankstown</i>		Month <i>7</i>		Day <i>28</i>		Age <i>3</i> Years <i>7</i> Months <i>7</i> Days	
Date of death <i>1906</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Frankstown</i>	
Occupation <i>no</i>		Where Residing if not at place of death <i>Frankstown</i>					
Married, Single or Widowed <i>-</i>		Name of Wife or Husband					
Father's Name <i>George Mullen</i>		Father's Birthplace <i>Pleasanton</i>					
Mother's Maiden Name <i>Estimate Burk</i>		Mother's Birthplace <i>Luttrellsburg</i>					
Name of person giving information <i>R. Weaver</i>		How related to deceased <i>uncle</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>6 days</i>
Immediate <i>General Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. J. A. Newcomer</i>
	Address <i>Frankstown Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Frances L. Brunetta		Town Hancock		County Washington		State MARYLAND	
Died at Hancock		Month July		Day 20		Years —	
Date of death 1906		Months —		Days —			
Sex Female		Color or Race White		Birth-place Maryland			
Occupation —		Where Residing if not at place of death Died at Home.					
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name John Brunetta		Father's Birthplace Charles town W. Va.					
Mother's Maiden Name Annie McKinnin		Mother's Birthplace Middle town Va.					
Name of person giving information John Brunetta		How related to deceased Father.					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Duferina	How long	3 days
Immediate	Exhaustion	How long	3 days
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician [Signature]	
		Address Hancock Md	
Accident or Suicide? No			

So fast.

Name
in
Full

Mrs Mammie Powers.

CERTIFICATE OF DEATH

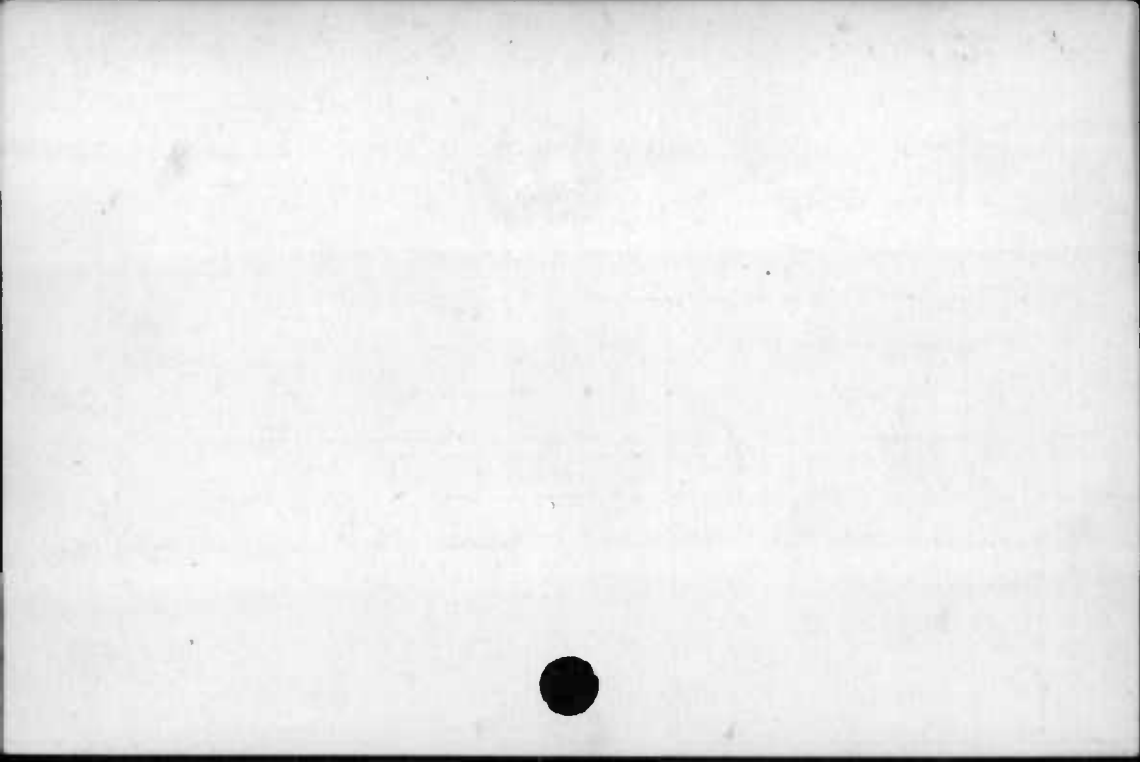
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Leone Town</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death <u>1904</u>	Month <u>7</u>	Day <u>16</u>	Age <u>30</u>	Years <u>-</u>	Months <u>-</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>-</u>			
Occupation <u>House Wife</u>	Where Residing if not at place of death <u>Leone Town</u>				
Married, <u>Single</u> or <u>Widowed</u>	Name of Wife or Husband <u>M. J. Powers</u>				
Father's Name <u>-</u>	Father's Birthplace <u>-</u>				
Mother's Maiden Name <u>-</u>	Mother's Birthplace <u>-</u>				
Name of person giving information <u>L. M. Bushy</u>	How related to deceased <u>none</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Leone pneumonia</u>	How long <u>7 months</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Geo. B. L. L. L. Undertaker</u>
	Address <u>Smithsburg Md.</u>
Accident or Suicide?	



Name
in
Full

Unnamed Child of Char. W. Katherine Rauth

CERTIFICATE OF DEATH

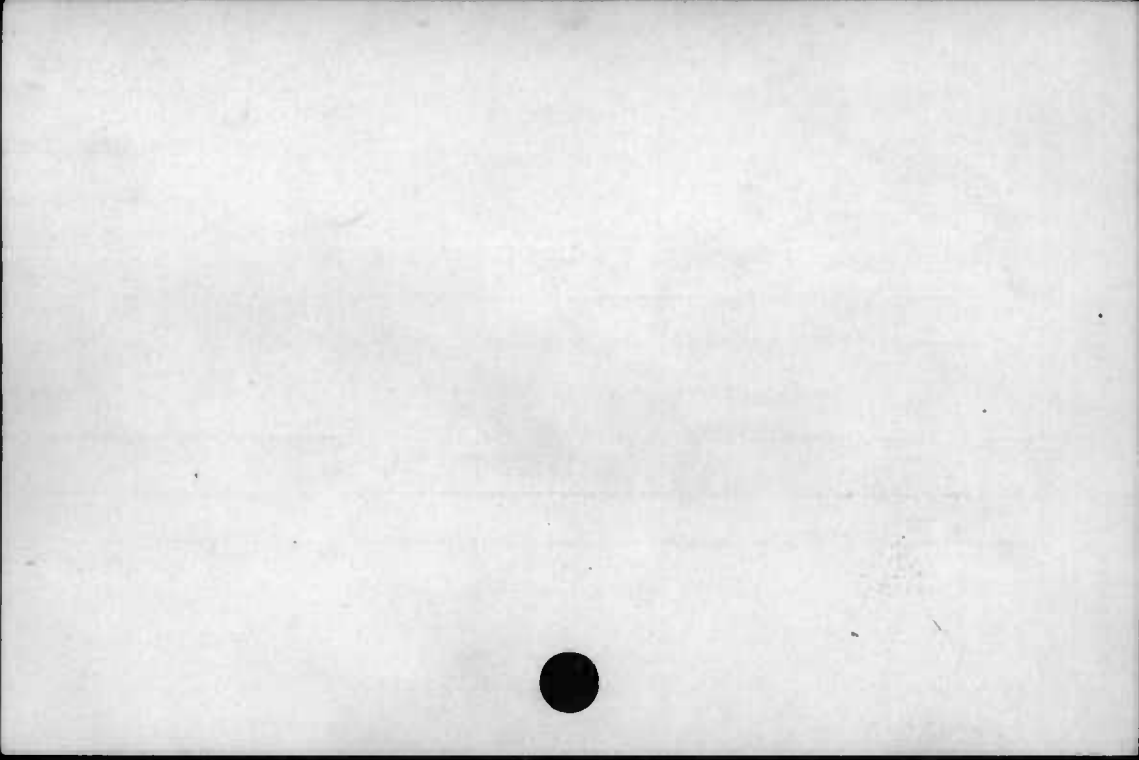
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> ^{Town}		<u>Wash.</u> ^{County}		MARYLAND	
Date of death	1906	Month	7	Day	5
Age		Years	—	Months	—
Sex <u>female</u>		Color or Race <u>white</u>		Birth-place <u>Md.</u>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <u>single</u>		Name of Wife or Husband			
Father's Name <u>Charles W. Rauth</u>		Father's Birthplace <u>Md.</u>			
Mother's Maiden Name <u>Katherine Bril</u>		Mother's Birthplace <u>"</u>			
Name of person giving information <u>C. W. Rauth</u>		How related to deceased <u>father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Acute infection</u>	How long <u>104</u>
Immediate <u>Infection</u>	How long <u>104</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Chas. B. Boyle</u>
<u>Yes</u>	Address <u>19 Boyle St.</u>
Accident or Suicide?	



Name In Full

Dallas Robertson

Town

County

MARYLAND

Died near Hagerstown

Washington

Date	Month	Day	Age	Y.	M.	D.	Native of	Occupation
1906	7	24		0	0	10	Hagerstown	

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Dallas Robertson

Mother's

Maiden Name

Ida Midgler

Cause of

Primary

Atelectasis

Death

Immediate

Convulsions

How long sick

10 days

~~Accident, Suicide, Homicide~~

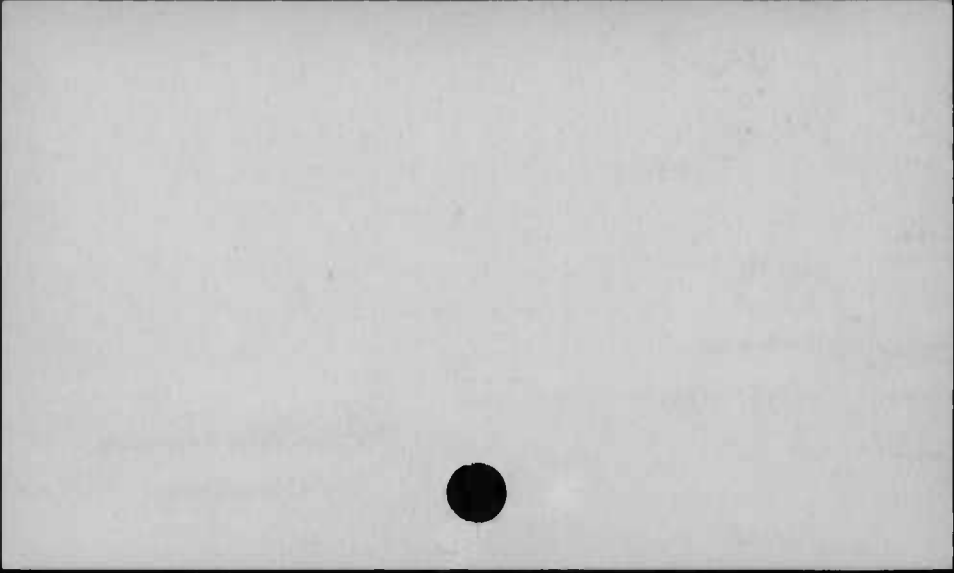
Reported by

Clara S. Eirley

Address

28 W. Franklin St. Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Beyonce Saunders				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Hagerstown				County	
	Date of death	1906	7	21	Age	—	Months
	Sex	Male		Color or Race	Colored		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Abraham Saunders				Father's Birthplace	md
	Mother's Maiden Name	Mary Smith				Mother's Birthplace	md
PHYSICIAN OR CORONER	Name of person giving information	Abraham Saunders				How related to deceased	Father
	CAUSES OF DEATH						
	Primary	Typhoid				How long	1 mo
Immediate	Typhoid Infantum				How long	4 days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		G. E. Murray M.D.			
		Address		Hagerstown Md.			
Accident or Suicide?							

Halfway

Coffman

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Gladys Irene Seaman</i>		Town <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>7</i>		Day <i>28</i>		Age <i>1</i>	
Date of death <i>1906</i>		Years <i>1</i>		Months <i>3</i>		Days <i>—</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Ind.</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>John H. Seaman</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Virginia S. Seibert</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>J. H. Seaman</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

Primary

Measles

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

A. P. Hauffer

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Margaret A. Scheeler				Town		Washington		County		MARYLAND			
Died at		Pleagerstown		Month		Day		Age		Years		Months		Days	
Date of death		1906		7		27		69		4		19			
Sex		Female		Color or Race		White		Birth-place		Maryland					
Occupation		N.Y.		Where Residing if not at place of death		Ref.									
Married, Single or Widowed		Widowed		Name of Wife or Husband		Daniel T. Scheeler									
Father's Name		Jonas Rowland		Father's Birthplace		Md									
Mother's Maiden Name		Margaret A. Rowland		Mother's Birthplace		Md									
Name of person giving information		J. R. Scheeler		How related to deceased		Son									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

4 yrs

Immediate

Hemorrhage

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. R. Scheeler

Accident or Suicide?

No.

Long Meadow
Sils

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Still Born		Scott		County		Washington		MARYLAND	
Died at Hazestown		Month		Day		Age		Years	
Date of death 1906		7		9		—		Months	
Sex Female		Color or Race		Colored		Birth-place		Md	
Occupation		Child		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband							
Father's Name		James Scott		Father's Birthplace		Md			
Mother's Maiden Name		Mabel Chase		Mother's Birthplace		Md			
Name of person giving information		Mabel Scott		How related to deceased		Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		M. D. Gorman	
Address		Higginbotham	
Accident or Suicide?			

Half-way

Name
in
Full

CERTIFICATE OF DEATH

Died at

Date
of death

1906

Month

July

Day

18

Age

Years

Two

Months

11

Days

26

Sex

Female

Color or
Race

White

Birth-
place

Locust Grove

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Luther R. Shaper,

Father's
BirthplaceBerkittsville
Fred. Co. MarylandMother's
Maiden Name

Celestia E. Potter

Mother's
BirthplaceName of person giving
information

J. A. B. Potter

How related
to deceased

Grand father

CAUSES OF DEATH

Primary

Burn

How long

2 day

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

C. D. Baker

Address

Berkittsville

Accident or Suicide?

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Mrs Emma K. Shank

CERTIFICATE OF DEATH

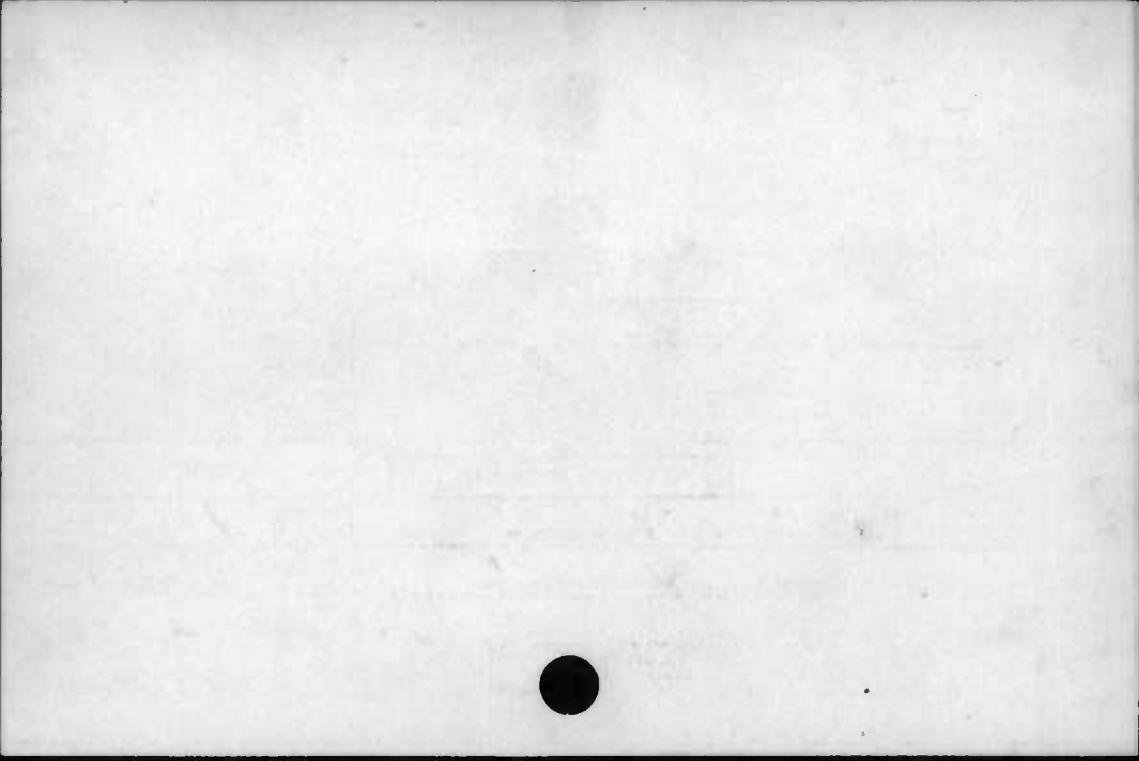
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Middleburg</i> ^{Town}		<i>Wash.</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month	<i>7</i>	Day	<i>6</i>
Age	<i>29</i>	Years		Months	
Sex	<i>female</i>	Color or Race	<i>white</i>	Birth-place	<i>Penna.</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>married</i>	Name of Wife Husband	<i>Harvey Shank</i>		
Father's Name	<i>Geo Shubert</i>		Father's Birthplace	<i>Germ many</i>	
Mother's Maiden Name	<i>Alice Brward</i>		Mother's Birthplace	<i>Penna</i>	
Name of person giving In formation	<i>H. Shank</i>		How related to deceased	<i>husband.</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

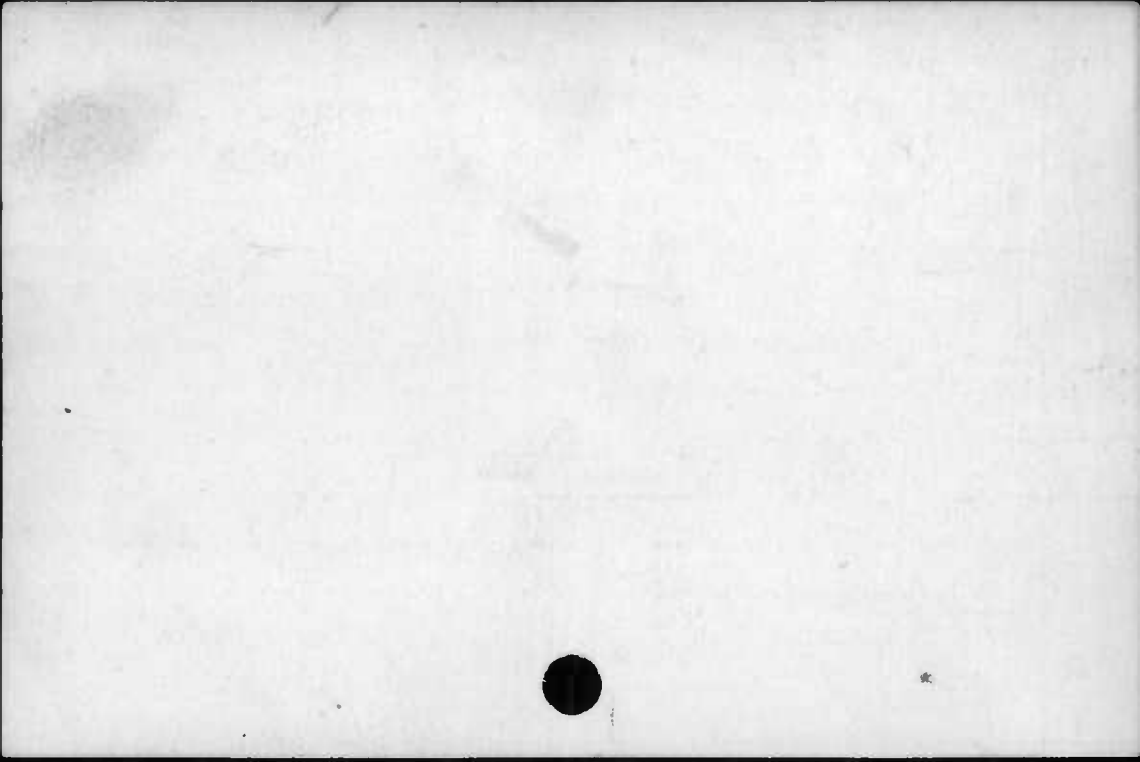
Primary	<i>Peritonitis septic.</i>	How long	<i>6 weeks</i>
Immediate	<i>Loxaemia</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. Elton D Miller, Jr.</i>
		Address	<i>Wagonsburg, Ind.</i>
Accident or Suicide?	<i>no</i>		



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full Elizabeth H. Sleasman		Town near Smithsburg		County Wash.		CERTIFICATE OF DEATH	
Died at near Smithsburg Wash.		State MARYLAND					
Date of death 1906		Month 7	Day 8	Years 60	Months 10	Days 17	
Sex Female	Color or Race White	Birthplace Smithsburg					
Occupation House Wife		Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband Joseph H. Sleasman						
Father's Name Thomas Brown		Father's Birthplace Foxville, Md.					
Mother's Maiden Name Catharine Oswald		Mother's Birthplace near Smithsburg					
Name of person giving information Walter Sleasman		How related to deceased Son					
CAUSES OF DEATH							
Primary Heart & Bright's Disease		(120)		How long 1 year			
Immediate Heart failure & pneumonia				How long 2 weeks			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. J. Jarboe M.D.					
		Address [Redacted]					
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

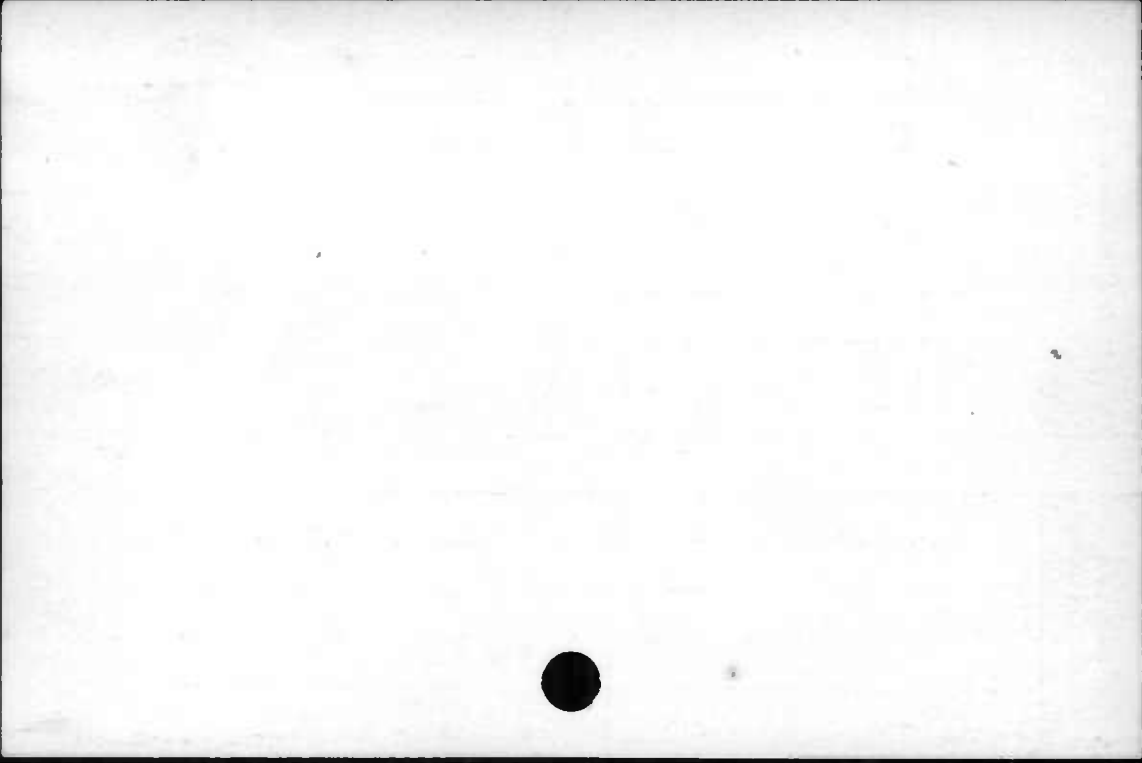
MARYLAND

Died at Town <i>Condonville</i>		County <i>Washington Co</i>	
Date of death 1906	Month <i>July</i>	Day <i>31</i>	Age <i>1</i>
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>Condonville</i>	Months <i>1</i>
Occupation <i>Infant</i>		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband	
Father's Name <i>Paul Edw Smith</i>		Father's Birthplace <i>Fred Co.</i>	
Mother's Maiden Name <i>Daisy May Forest</i>		Mother's Birthplace <i>Fred Co</i>	
Name of person giving information <i>Daisy May Forest</i>		How related to deceased <i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Connelains</i>	How long <i>One day</i>
Immediate <i>Chloro infection</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm A Quinn MD</i>
	Address <i>Chesville</i>
Accident or Suicide?	



Name
in
Full

Mrs Minnie Smith

CERTIFICATE OF DEATH.

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Hagerstown Town		Wash. County			
Date of death	1906	Month 7	Day 16	Age 26	Years 26
Sex Female	Color or Race white	Birthplace Md.		Months 2	Days 1
Occupation H. W.	Where Residing if not at place of death Caretown, Md.				
Married, Single or Widowed married	Name of Wife or Husband Walter Smith				
Father's Name William Kende	Father's Birthplace Md.				
Mother's Maiden Name Susan Bruner	Mother's Birthplace Perma				
Name of person giving information Walter Smith	How related to deceased husband				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tubercular Pneumonia	How long 4 months
Immediate 4	How long 4
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician W. H. Miller
	Address Hagerstown Md
Accident or Suicide? no	

George Hoover

Name
in
Full

William South

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		July	1	Age 87			
Sex	Male	Color or Race	White		Birthplace	Frankstown	
Occupation	Mill right			Where Residing if not at place of death	Frankstown		
Married, Single or Widowed	Married		Name of Wife or Husband	William South			
Father's Name	William South				Father's Birthplace		
Mother's Maiden Name	Mortimer Tracy				Mother's Birthplace		
Name of person giving information	Mrs W. Gold				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis	How long	over year
Immediate	General exhaustion	How long	over week
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr. G. N. Newcome
		Address	Frankstown Md.
Accident or Suicide?			

June 21 1819

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Hubert M. Spigler		Town Hagerstown		County Washington		MARYLAND	
Died at		Month 7		Day 27		Years 1906	
Date of death		Months 10		Days 25			
Sex Male		Color or Race White		Birth-place Md			
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed _____		Name of Wife or Husband _____					
Father's Name Harry M. Spigler				Father's Birthplace Pa			
Mother's Maiden Name Jada Isminger				Mother's Birthplace Md			
Name of person giving information _____				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	1 day
Immediate	..	How long	..
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		W. P. Miller	
		Address	
		Hagerstown Md	
Accident or Suicide?			

buried in
Funks Town

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		July	28	Age 50	2	16	
Sex		Color or Race		Birth-place			
Male		White		Sharpsburg			
Occupation				Where Residing if not at place of death			
Married, Single <u>Married</u>				Name of Wife or Husband			
Father's Name				Father's Birthplace			
David Spong				Sharpsburg			
Mother's Maiden Name				Mother's Birthplace			
Elizabeth Ansberry				"			
Name of person giving information				How related to deceased			
Carrie D. Spong				Wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hemiplegia	How long	14 hrs.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		E. M. Garrett	
Accident or Suicide?		Address	
		Sharpsburg, Ind.	

Chas. S. Wade,
Undertaker

Name in Full		Clayton Ray Stine				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Keadysville		County Washington		State MARYLAND
	Date of death		1906	Month 7	Day 13	Age 1	Years 4
	Sex		Male		Color or Race White		Birthplace Keadysville
	Occupation		None		Where Residing If not at place of death		Keadysville
	Married, Single or Widowed		Single		Name of Wife or Husband		—
	Father's Name		George C. Stine		Father's Birthplace		Rohrersville
	Mother's Maiden Name		Mary Kautzner		Mother's Birthplace		Keadysville
Name of person giving information		George C. Stine		How related to deceased		Father	
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		Enterocolitis			How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		W. M. Nihiser		
			Address		Keadysville		
Accident or Suicide?		md					

Harry Poffanburger
Earl Madras
Woby Wyand
Reno Wyand

Name
In
Full

CERTIFICATE OF DEATH

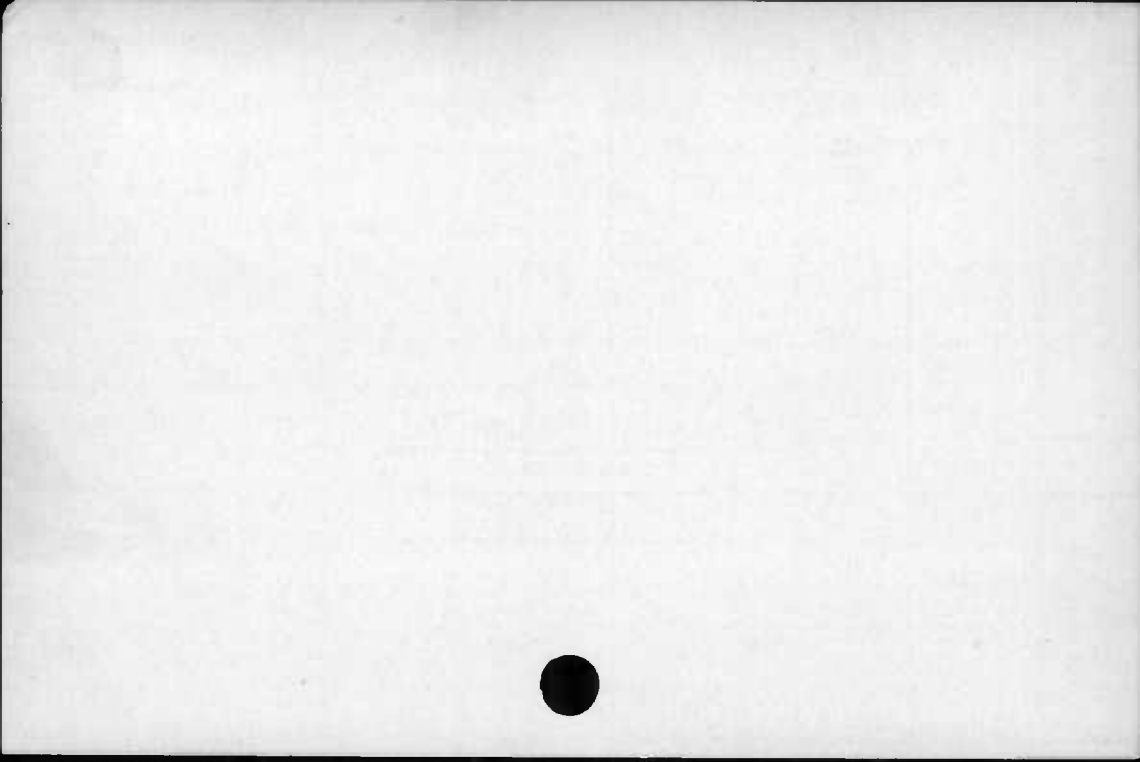
TO BE ANSWERED BY
NEAREST FRIEND

Died at *Dry Run* ^{Town} *Washington* ^{County} **MARYLAND**
 Date of death *1906* ^{Month} *July* ^{Day} *28* ^{Years} *—* ^{Months} *10* ^{Days} *28*
 Sex *Female* Color or Race *White* Birth-place *Md.*
 Occupation *—* Where Residing if not at place of death *—*
 Married, Single or Widowed *Single* Name of Wife or Husband *—*
 Father's Name *Jacob H. Strite* Father's Birthplace *Md.*
 Mother's Maiden Name *Emma J. Leatherman* Mother's Birthplace *Md.*
 Name of person giving information *Jacob H. Strite* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Dysentery* **(14)** How long *1 week*
 Immediate *Meningitis* How long *2 days*
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Harry T. Pritzman*
Frank B. Bro Address *Dry Run Md.*
 Undertaken? *—*
 Accident or Suicide? *—*



Name In Full		James F Franklin Swain				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Sharpsburg		County Wash-		MARYLAND	
	Date of death	1906	Month July	Day 37	Age 66	Years —	Months —
	Sex	Male		Color or Race	White		Birth-place
	Occupation	—		Where Residing if not at place of death		Sharpsburg	
	Married, Single or Widowed	Married		Name of Wife or Husband		Mary K Swain	
	Father's Name	George Swain		Father's Birthplace		—	
	Mother's Maiden Name	—		Mother's Birthplace		Sharpsburg	
Name of person giving information	John Swain		How related to deceased		Son.		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Has been paralyzed for years				How long	11 or 12 years
	Immediate	Paralysis to the best of my knowledge				How long	very sudden
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	C. W. Gardner
						Address	Sharpsburg Md
Accident or Suicide?							

Eugene Marker
undertaker

Name
in
Full

Raleigh Webster Swain.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Sharpsburg^{County} WashingtonDate of death 1906 ^{Month} July ^{Day} 7.Age ^{Years} ^{Months} 3.^{Days} 16.

Sex Male

Color or Race white

Birthplace Sharpsburg

Occupation Where Residing if not
at place of death Married, Single
or Widowed Name of Wife or
Husband

Father's Name Robert-Clinton Swain

Father's Birthplace Sharpsburg

Mother's Maiden Name Waisy Bender.

Mother's Birthplace ..

Name of person giving information Robert-Clinton Swain.

How related to deceased Father.

CAUSES OF DEATH

Primary

Transition

How long

since birth

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

C. H. Gardner

Address

Sharpsburg Md

Accident or Suicida?

PHYSICIAN
OR CORONER

Eugene Markes.

Undertaker.

Name
in
Full

Eleanor Wagner

CERTIFICATE OF DEATH

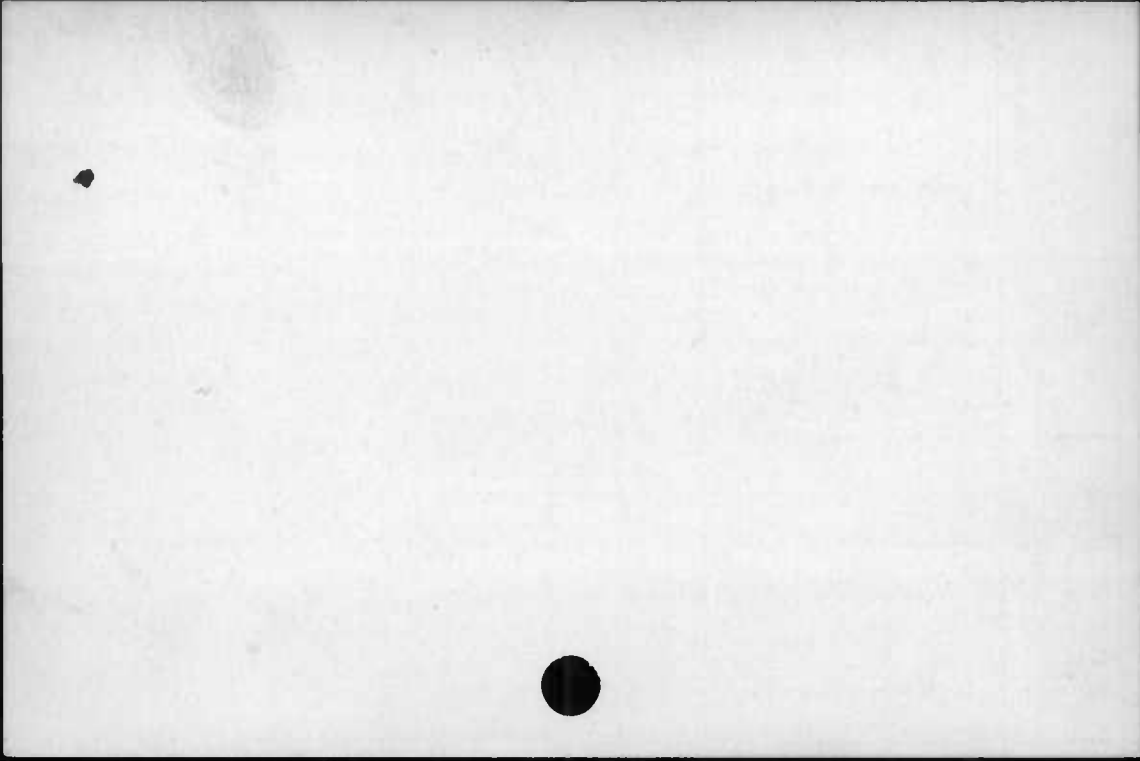
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brownstown</i>		County <i>Washington</i>		MARYLAND	
Date of death	1906	Month <i>July</i>	Day <i>31</i>	Age <i>64</i>	Years <i>64</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>Librarian</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Samuel Wagner</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Catherine Munn</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Samuel Wagner</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mitral Heart Disease</i>	How long <i>4 years</i>
Immediate <i>Dropsy</i>	How long <i>1 year</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. L. Nixson</i>
	Address <i>Keedyville Md.</i>
<u>Accident or Suicide?</u>	



Name
in
Full

William A. Walker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hagerstown		^{County} Washington		MARYLAND	
Date of death 1908		Month 7	Day 14	Age 32	Years Months Days
Sex Male	Color or Race Colored	Birth-place Md			
Occupation Waiter	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Allen Walker	Father's Birthplace Md				
Mother's Maiden Name Lottie Huston	Mother's Birthplace Md				
Name of person giving information Allen Walker	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate Gangrene	How long 3 mos
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician A. Hoffman
	Address Hagerstown Maryland
Accident or Suicide?	

1142

offm



Name
In
Full

William Lester Wolf Kill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Nancisco</u> Town		<u>Washington</u> County		MARYLAND	
Date of death	1906	Month	July	Day	2
		Age	20	Years	8
		Months		Days	23
Sex	Male	Color or Race	White	Birth-place	Nancisco Md
Occupation	R. R. Brasteman		Where Residing if not at place of death		
		Died at Home.			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Brinham Wolf Kill			Father's Birthplace	Wash Co Md.
Mother's Maiden Name	Emma Shaffer			Mother's Birthplace	" " "
Name of person giving information	A. J. Wolf Kill			How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Run over by Cars	How long	4 hours
Immediate	Shock	How long	4 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. A. West
		Address	Hancock Md
Accident or Suicide?	No		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Charles Edward Peckle		Town Hagerstown		County Washington		State MARYLAND	
Died at Hagerstown		Month 7		Day 27		Years —	
Date of death 1906		Age —		Months 3		Days —	
Sex Male		Color or Race White		Birth- place md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Percy Peckle				Father's Birthplace md			
Mother's Maiden Name Bessie Routman				Mother's Birthplace md			
Name of person giving Information Percy Peckle				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Marasmus		How long 6 months	
Immediate Exhaustion		How long 1	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Victor D. Miller Jr.	
Address Hagerstown, Md.			
Accident or Suicide? No			

